

Name in Full

Certificate of Death

Thompson Anderson

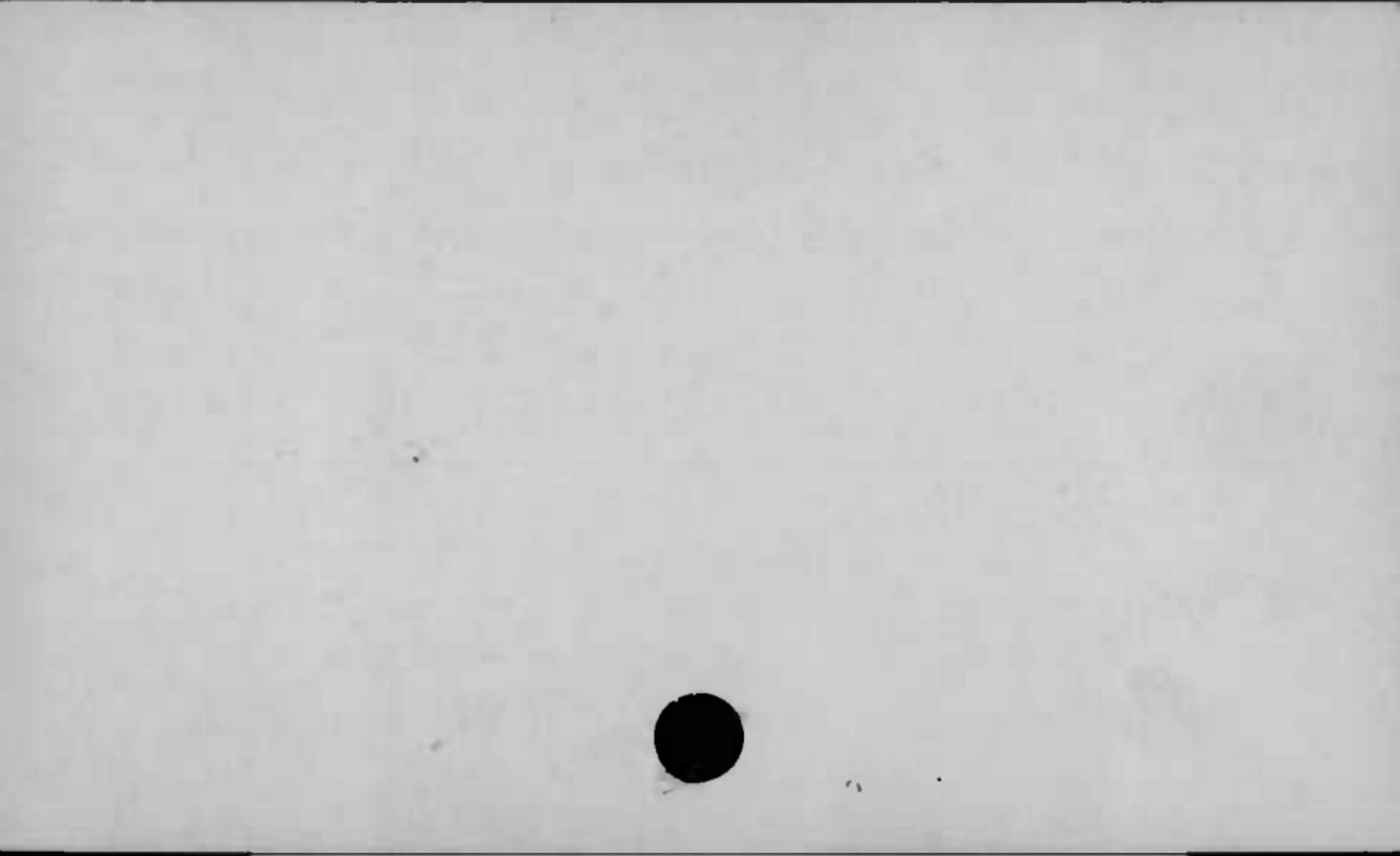
Died at Town Sabillasville County Frederick MARYLAND

Died at	Month	Day	Y.	M.	D.	Native of	Occupation
Date 1902	Dec	2	Age	72	11	1 Pennsylvania	Farmer
	Male	White	Married			Widow	
	Female	Colored	Single			Widower	Divorced

Husband of	Mary A Anderson
Father's Name	John Anderson
Mother's Maiden Name	

Cause of Death	Primary	Pyelo-nephritis	How long sick
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Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
In  
Full

Charlotte Apple

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Frederick</u>		Town	County <u>Montgomery</u>		MARYLAND	
Date of death 1902	Month <u>July</u>	Day <u>15</u>	Age <u>7</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>			Birth-place <u>Frederick</u>		
Married, Single or Widowed		Occupation				
Name of Wife or Husband						
Father's Name	<u>J.H. Apple</u>			Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving information	<u>aw</u>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Diphtheria

How long

4 days

Immediate

Coronary Thrombosis

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

W.G. McComas

Address

Frederick Md

Accident or Suicide?



Name in Full

Certificate of Death

James W. Brightwell

Town

Frederick

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Md

Occupation

Ex Soldier

Date 1902

Dec 30

Age 83

Male

White

Married

Widower

Divorced

Female

Colored

Single

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

How long sick

2 yrs

Accident, Suicide, Homicide

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Sarah Brooks

CERTIFICATE OF DEATH

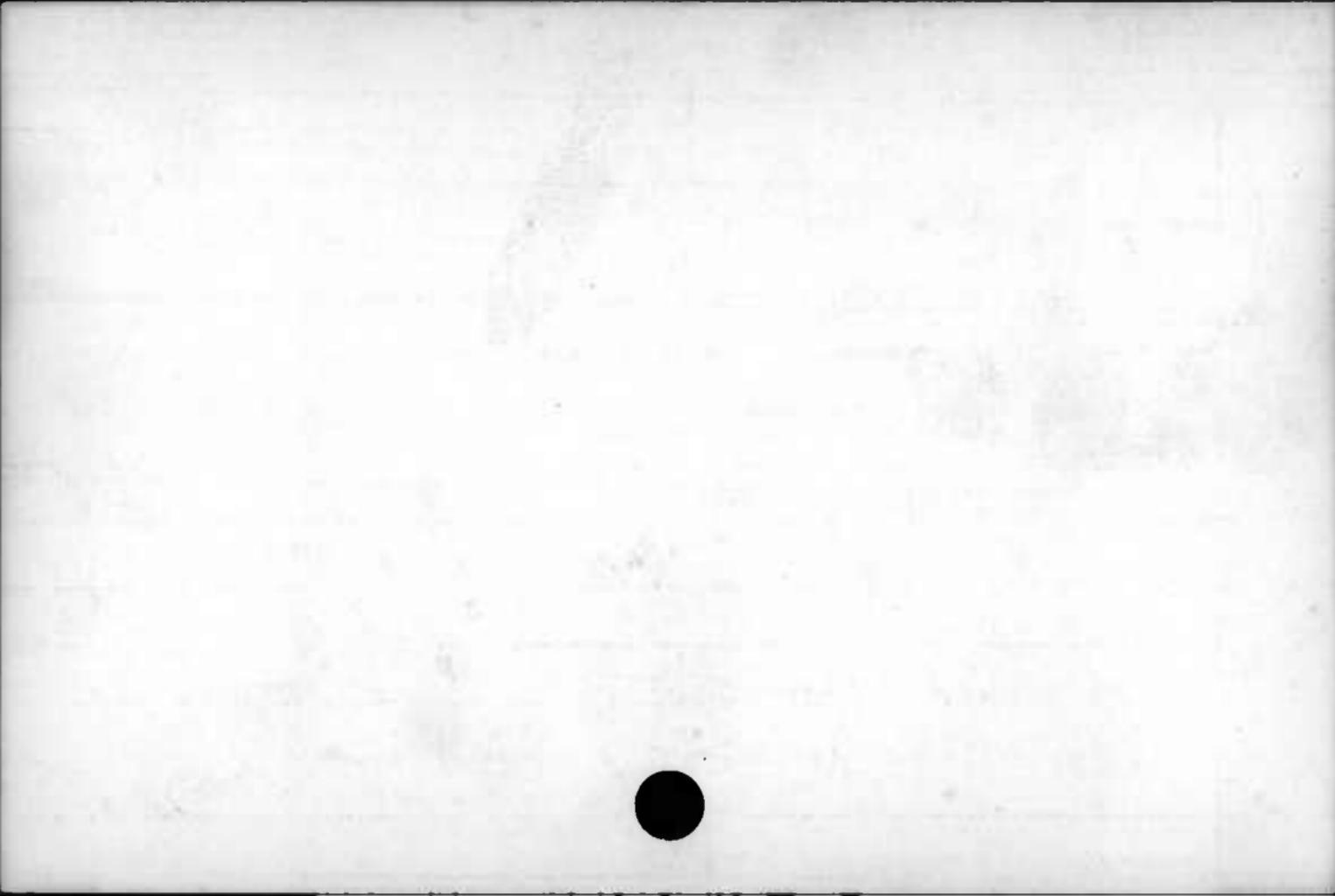
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Brunswick's	Frederick		1	1	1
Date of death	Month	Day	Years	Months	Days
1902	Dec	21	Age		
Sex	Female	Color or Race	Brunswick Md.		
Married, Single or Widowed	Single	Occupation	None		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name	Clara Brooks		Mother's Birthplace	Petersville Md.	
Name of person giving Information	William Brooks		How related to deceased	Grand Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	cold	How long	Since birth
Immediate	Phasme	How long	30 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	
DR. WATSON-prescribed from his office	for it	Address	Brunswick Md.
Accident or Suicide?			



Upton Jeremiah Brown

Town

County

Died at

Euclid P.O.

Frederick

MARYLAND

Date 1902

Month Day

Y. M. D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

7

Husband of

Margaret Brown

Father's Name

Jeremiah Brown

Mother's

Mary Brown

Maiden Name

Cause of

Primary

Pleuro-pneumonia

q3

How long sick

Death

Immediate

7 days

Accident, Suicide, Homicide

Reported by

C. L. Wachter M.D.

Address

Sabillasville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Maggie Bulcher

Town

County

Died at

Baltimore - Pearl - Frederick Co

MARYLAND

Month Day

Y. M. D.

Native of

Date

1902

12 25

Age 23

9 27

M

Occupation

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Mother's

Father's

Name

Chas. Bulcher Louise Bulcher

Cause of

Primary

Tuberculosis of

How long sick

Death

Immediate

of

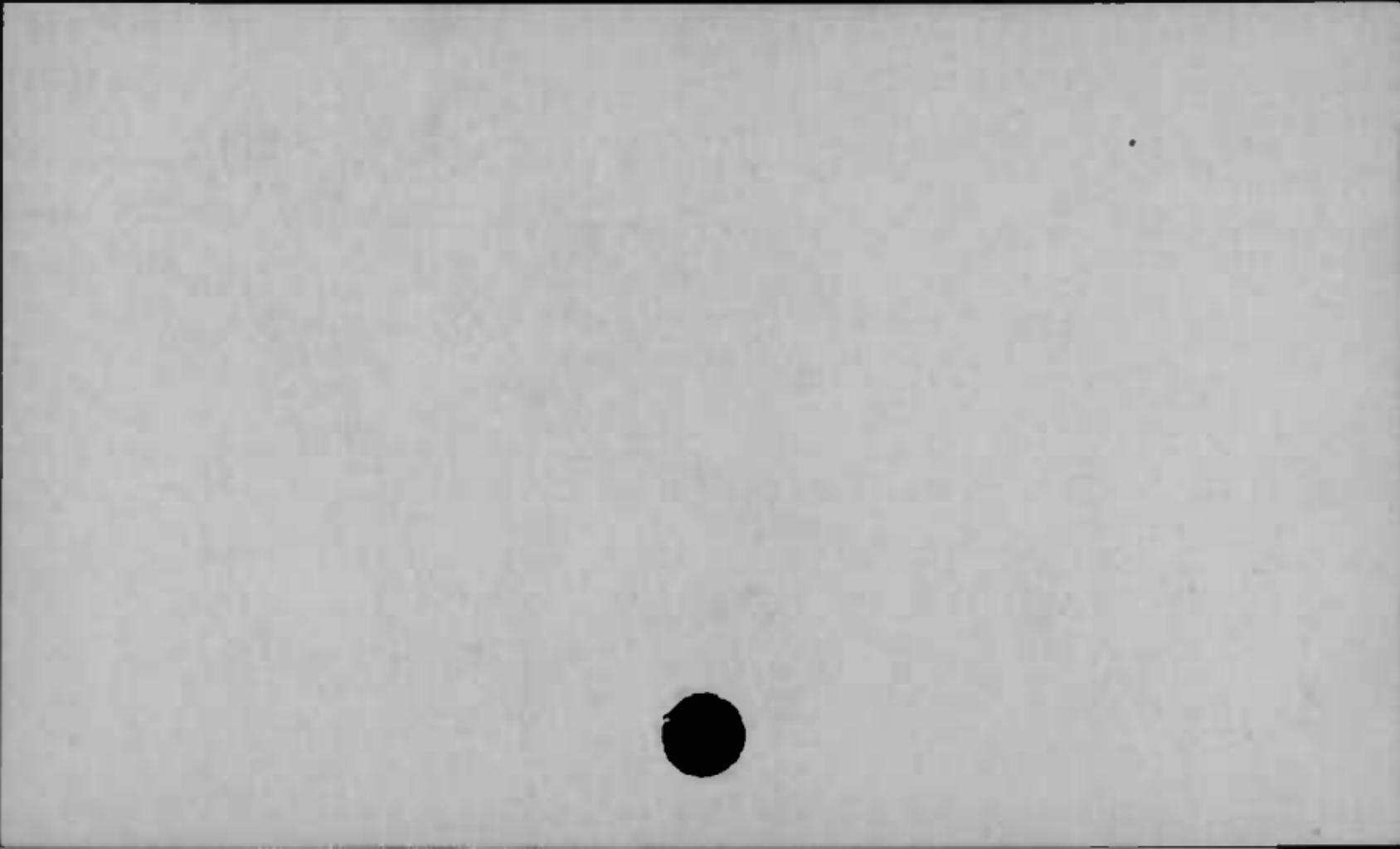
Accident, Suicide, Homicide

Reported by

Dr. T. Goodell, MD

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Emma L. Cogn

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND			
Date of death 190	Month 2	Day 17	Age 29	Years	Months 2	Days 12	
Sex Female	Color or Race white			Birth-place	Md		
Married, Single or Widowed Married	Occupation House wife						
Name of Wife or Husband Chas X Cogn							
Father's Name Wm H. Nelson			Father's Birthplace	Md			
Mother's Maiden Name Celia Jennings			Mother's Birthplace	Md			
Name of person giving information Chas X Cogn			How related to deceased	Husband			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Consumption	27	How long 1 year
Immediate	Exhaustion or general anaesthesia		How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Lewis West
		Address	13 Remond - Md

Accident or Suicide?



Name  
in  
Full

Lloyd Cole

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1902	Month 12	Day 15	Age 69.	Years	Months _____ Days _____
Sex Male	Color or Race Black	Birth-place Md.			
Married, Single or Widowed Married	Occupation Laborer				
Name of Wife or Husband Henry Cole.	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information Mrs. Cole	How related to deceased Wife				
CAUSES OF DEATH					
Primary	Old. 93	How long	5 weeks		
Immediate	Pneumonia & Heart Disease	How long	2 "		

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

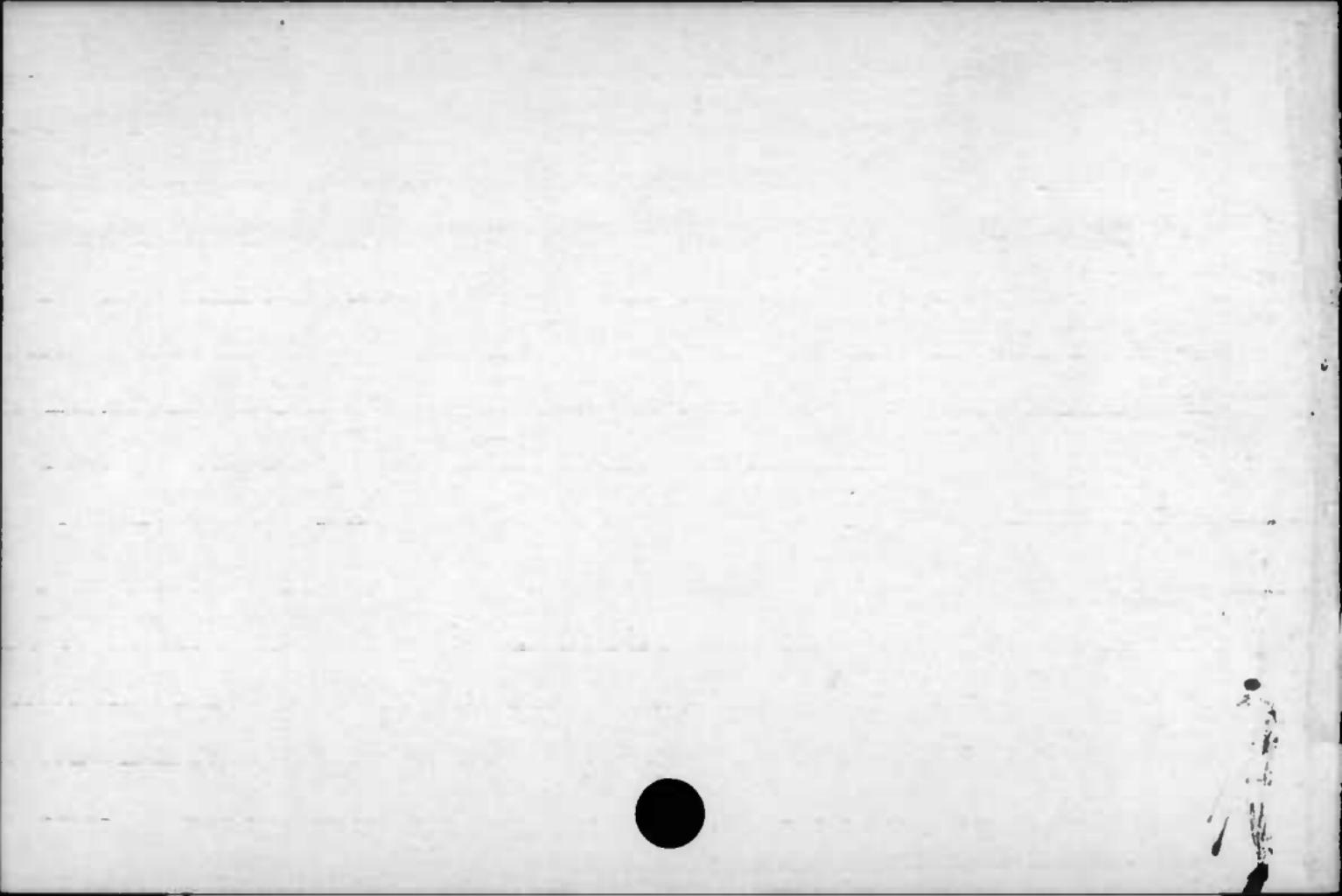
Signature of Physician

Address

None in attendance

Accident or Suicide?

A. T. Pease Wilson



Name in Full

Certificate of Death

Peter Comer

Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Dec. 19

Age 59-

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3

Husband of

Elizabeth Michael

Wife

Mother's

Father's

Maiden Name

Name

Cause of

Primary

How long sick

12 day

Death

Immediate

Accident, Suicide, Homicide

Reported by

E. S. Mayhew

Address

Lewistown Md.

11

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Rachael Hammond Cornprosper

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1907	Month 12	Day 6	Age _____
Sex Female	Color or Race white	Birth-place Frederick, Md.	Months _____ Days 4 weeks
Married, Single or Widowed	Occupation		
Name of Wife or Husband			
Father's Name Harry E. Cornprosper	Father's Birthplace Newville, Pa.		
Mother's Maiden Name Maud J. Musbaum	Mother's Birthplace Spring Run, Pa.		
Name of person giving information H.E. Cornprosper	How related to deceased Father		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Acute Nephritis	How long several weeks
Immediate Convulsions	How long few hours
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician J. J. Hendrix, Address Frederick, Md.
Accident or Suicide?	



# Calom T. Cram.

Town

County

MARYLAND

Died at

Frederick

Month

Day

Y.

M.

D.

Native of

Date 1902

Decem. 21st

Age

25.6.18

Occupation

Md

Labour

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of

Wife

Father's  
Name

Louie Cram

Mother's

Maiden Name

Mary E. Taylor

Cause of

Primary

Typhoid Fever,

How long sick

14 weeks

Death

Immediate

Double Pneumonia, asphyxia

Accident, Suicide, Homicide

Reported by

Frank Hedges M.D.

Address

Frederick,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Buried at Mt. Olivet Cem.  
to-day.

Name  
in  
Full

Ella Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town <u>Frederick</u>	County <u>Frederick</u>	MARYLAND		
Date of death 190	Month <u>12</u>	Day <u>19</u>	Years <u>21</u>	Months	Days
Sex	<u>Female</u>	Color or Race <u>Colored</u>	Birth- place <u>Buckeystown</u>		
Married, Single or Widowed	<u>Single</u>	Occupation <u>Cook</u>			
Name of Wife or Husband					
Father's Name	<u>George Ridout</u>				
Mother's Maiden Name	<u>Alice Brown</u>				
Name of person giving Information	<u>Alice Brown</u>				
	Father's Birthplace <u>Buckeystown</u>	Mother's Birthplace <u>Lewisburg</u>			
	How related to deceased <u>Mother</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Nephritis

20

How long

Indefinite

Immediate

Uraemic Convulsion

How long

One day

Are the name, age, sex, color, date  
and place correctly given above?

yes

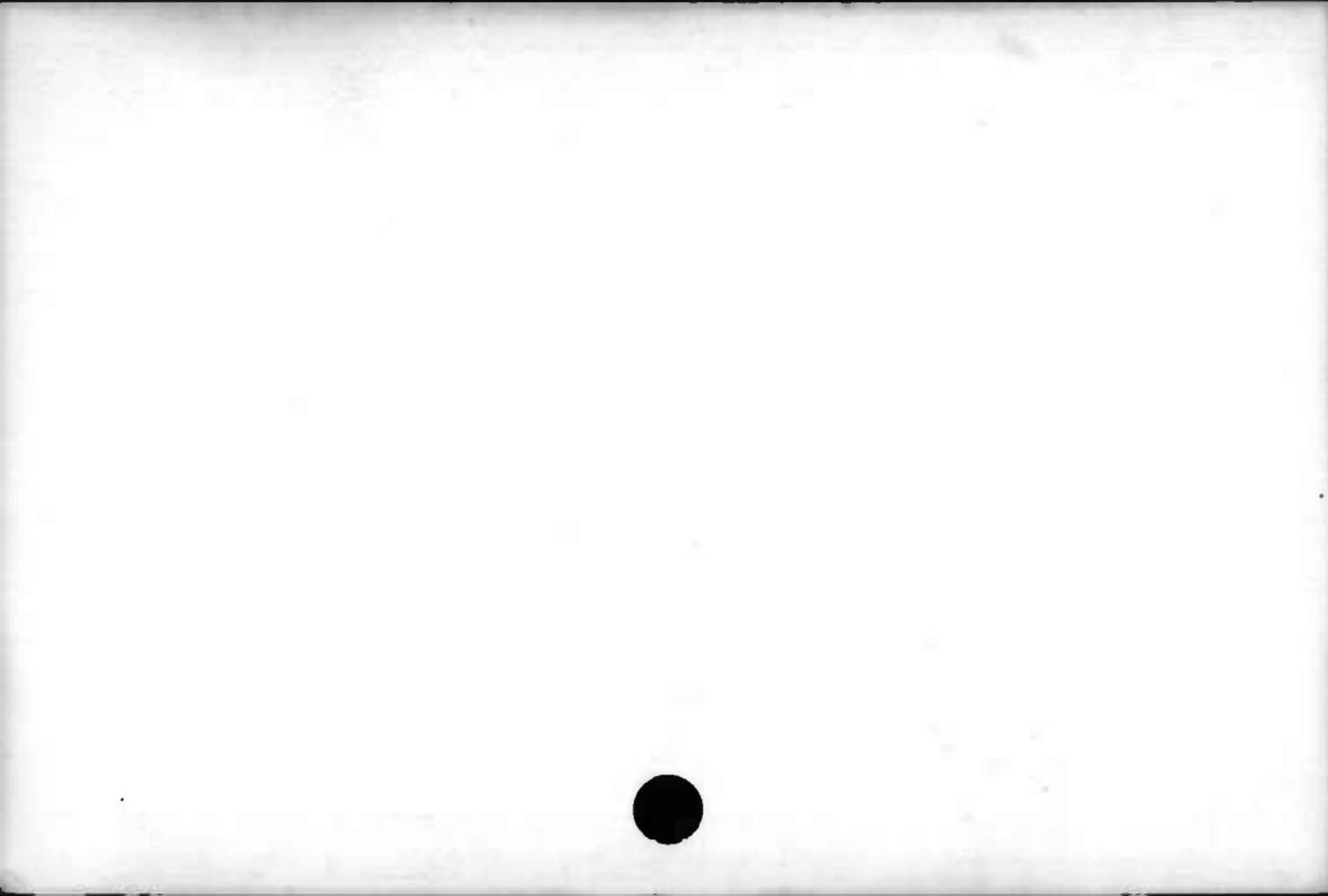
Signature of  
Physician

Address

U G Brown MD

502 All saints St

Accident or Suicide?



Name  
in  
Full

Rufus K. Day

CERTIFICATE OF DEATH

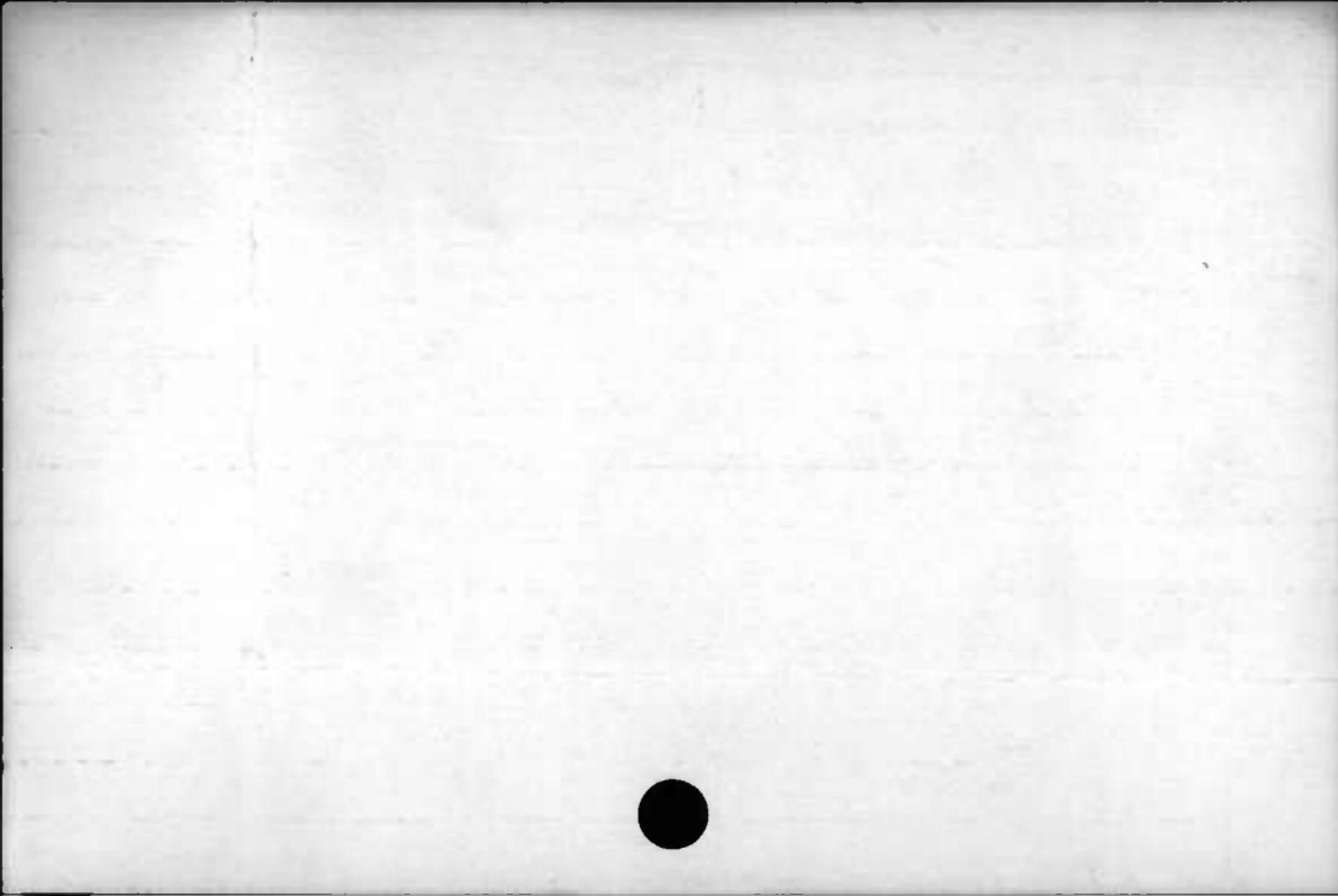
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Mountain Mills</i>	Town	County		MARYLAND	
Date of death 1902	Month <i>Dec</i>	Day <i>1</i>	Years <i>76</i>	Months	Days
Sex <i>male</i>	Color or Race <i>white</i>			Birth- place	
Married, Single or Widowed	Occupation		<i>Farmer</i>		
Name of Wife or Husband <i>Ann P. Day</i>			Father's Name <i>Luther Day</i>	Father's Birthplace <i>Fred. Co. Md</i>	
Mother's Maiden Name <i>Hannah Ring</i>				Mother's Birthplace	<i>Don't know</i>
Name of person giving Information <i>Ann P. Day (his wife)</i>				How related to deceased	<i>his wife</i>

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Atro-sclerosis</i>	How long <i>Some years</i>
Immediate <i>Aphoplexy</i>	How long <i>died suddenly.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>Howard A. Hopkins Jr. M.D.</i>
	Address <i>New Market, Maryland</i>
Accident or Suicide?	



# Benjamin F. Deal

Town

Burkintown

County

Frederick

Died at

MARYLAND

Date 1902

Month Day

Dec. 22

Y. M. D.

91.2.15

Native of

Md

Occupation

Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

6

Husband of

Wife

Sarah E. Deal

Father's Name

Mother's

Name

Maiden Name

Cause of

Primary

Rheumatism

How long sick

for many years

Death

Immediate

an old age

Accident, Suicide, Homicide

Reported by

William F. Lewis

Address

Undertaker

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Not named

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death 190	Month	Day	Years	Months	Days	
2	Dec	23	Age			
Sex	Male	Color or Race	White	Birth-place	Breagerstown	
Married, Single or Widowed		Occupation				
Name of Wife or Husband						
Father's Name	Maurice M. Derr	Father's Birthplace	Myersville			
Mother's Maiden Name	Rhoda A. Krise	Mother's Birthplace	Breagerstown			
Name of person giving information	Cornelius E. Derr	How related to deceased	Grandfather			

CAUSES OF DEATH

Primary

Protracted Labor

How long

Immediate

Still Born

How long

Are the name, age, sex, color, date and place correctly given above?

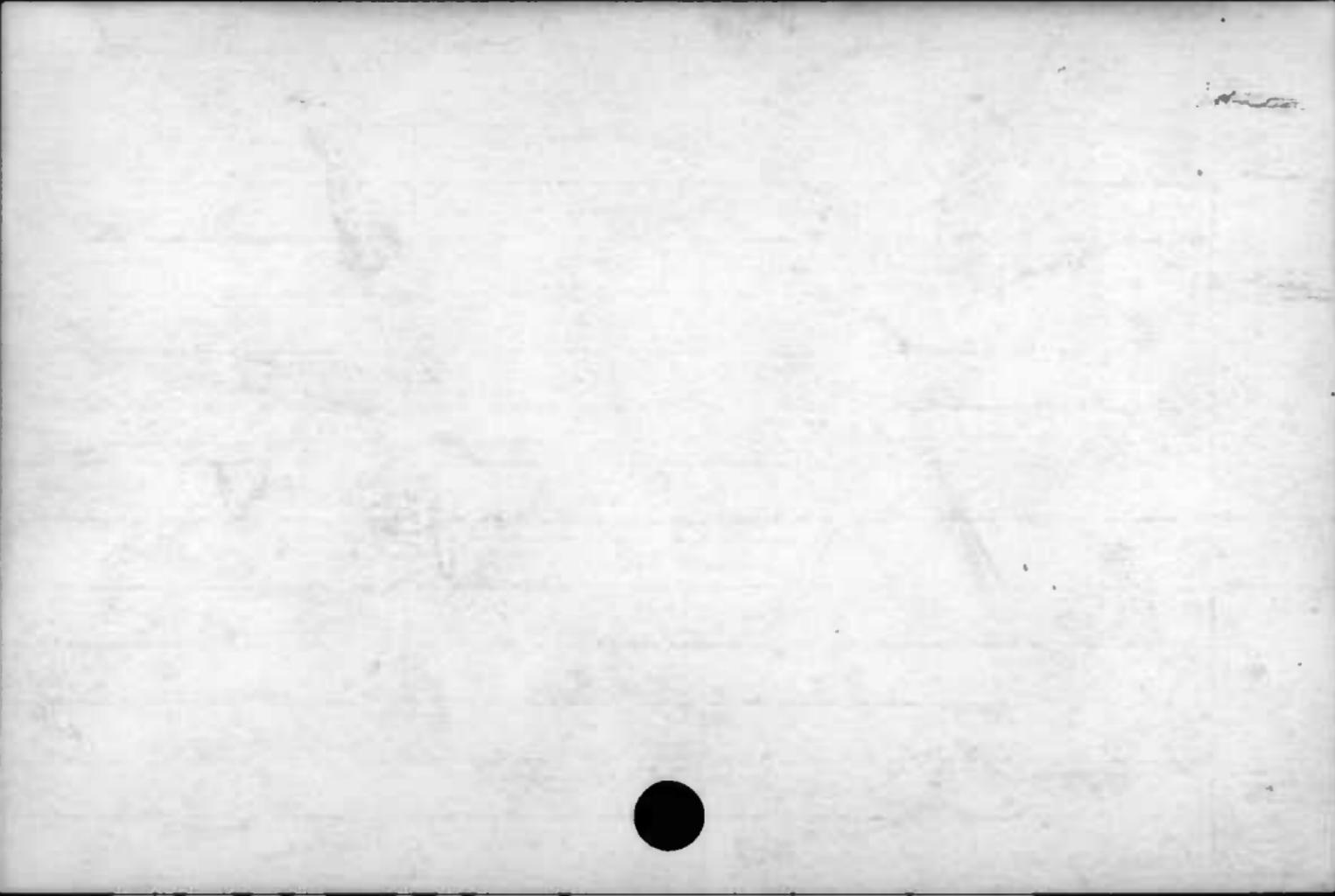
Signature of Physician

Address

Yes.

J. D. S. Young  
Breagerstown  
Frederick Co.

Accident or Suicide?



Name  
in  
Full

Charles Edward Derr

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND
Date of death 190	Month	Day	Years Months Days
Sex male	Color or Race	Age 56	9
Married, Single or Widowed	Occupation	Occupation	
Name of Wife or Husband	Alix P. Graley -	Butcher	
Father's Name	Daniel Derr	Father's Birthplace	Frederick Co., Md.
Mother's Maiden Name	Leathurine Dertzbaugh	Mother's Birthplace	Frederick, Md.
Name of person giving information		How related to deceased	190
CAUSES OF DEATH			
Primary	Rheumatic Gout - Contracted Kidney	How long	Some years
Immediate	Heart failure	How long	Sudden
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. O. Neudorf
		Address	Frederick, Md.
Accident or Suicide?			



Name  
in  
Full

Solomon D Devilbiss

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1907	Month 12	Day 5	Age 76	Years	Months Days
Sex male	Color or Race white	Birth-place Walkersville			
Married, <u>Yes</u> <del>or Widower</del>	Occupation Farmer.				
Name of Wife or Husband Nettie (Cronise)	Father's Name David	Father's Birthplace Walkersville			
Mother's Maiden Name Catherine Fulton	Mother's Birthplace Woodstock, Md.				
Name of person giving information Physician	How related to deceased				

CAUSES OF DEATH

Primary

Chronic bronchitis w/  
Heart failure

How long

40 years

How long

Immediate

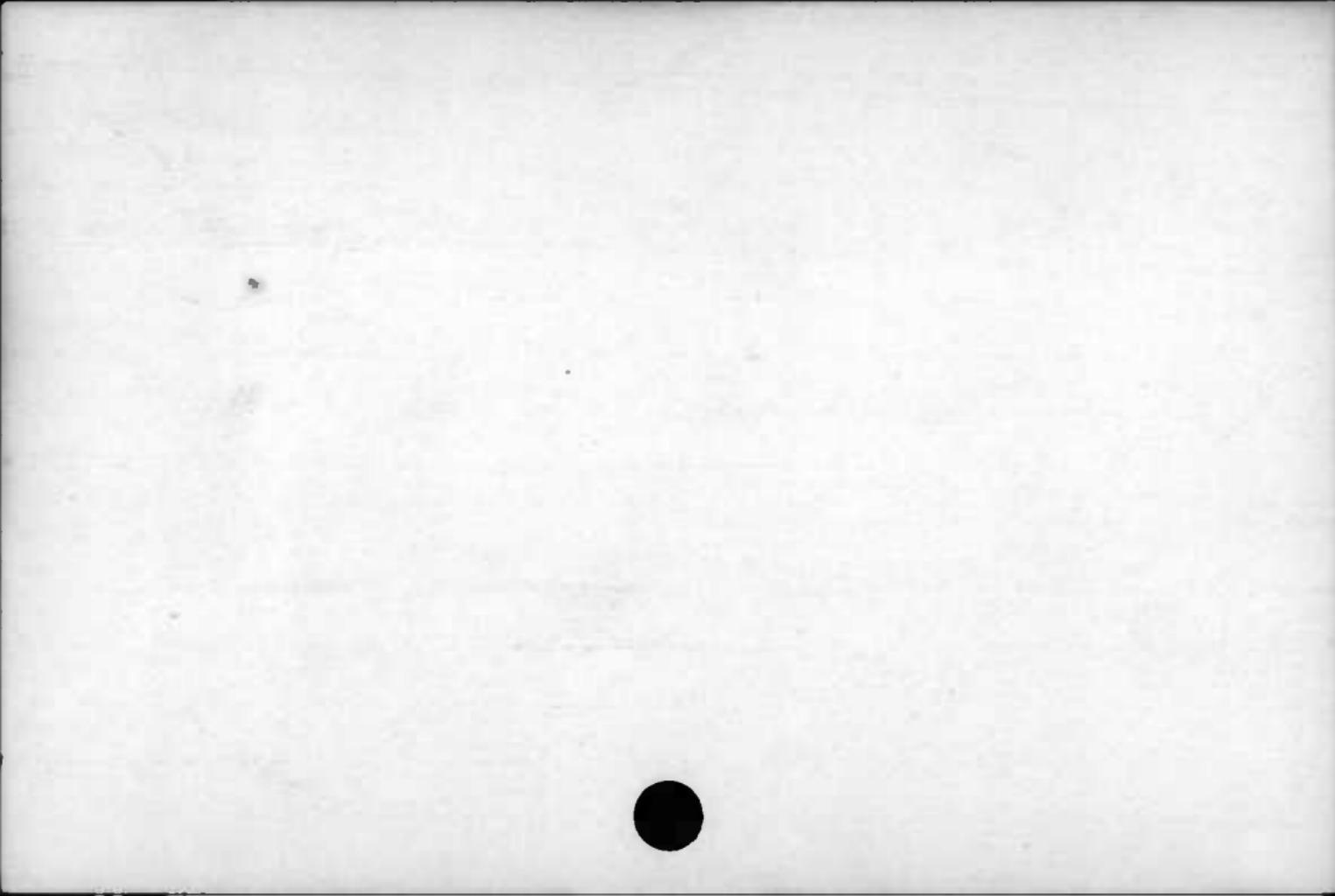
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician  
Address

J. D. McLeod, M.D.  
Walkersville,  
Md.

PHYSICIAN  
OR CORONER

Accident or Suicide?



Randolph Darsey

Town

County

Died at Runnerville Frederick

MARYLAND

Date 1902

Month 12 Day 27

Age 53 Y. M. D.

Native of Md

Occupation Farmer

Date 1902

Month 12 Day 27

Age 53 Y. M. D.

Native of Md

Occupation Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

6

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Dropsy &amp; Heart-disease

How long sick

18 months

Death

Immediate

Diphtheria

Accident, Suicide, Homicide

Reported by

G P Baile

70'

Address

New Windsor



Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Over

Attended by Dr. Stone  
of Mount Pleasant  
Signed by Coroner Frederick Co  
of Md

Information contained in this certificate re-  
ceived from Fairfax  
of Deceased

Name in Full!

Certificate of Death

Randolph Dorsey

Town

Unionville

County

Frederick

MARYLAND

Died at

Date 1902

Month Dec

Day 27

Y.

M.

D.

Native of

Md.

Occupation

Farmer

Male

White

Age  
Married

56

Widow

Divorced

Female

Separated

Single

Widower

Number of children living

4

Husband  
of

Della Dorsey

Father's  
Name

Clayett H. Dorsey

Mother's  
Name

Not Known

Cause of

Primary

Death

Immediate

Aortic Insufficiency

Apoplexy

How long sick

one year

Accident, Suicide, Homicide

Reported by

Otis B. Stone M.D.

Address

Liberty Town, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Lloyd Edward Edmonson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
13 Brunswick	Frederick		
Date of death 1902	Month Dec	Day 2	Years 3
Age	Months 10	Days —	
Sex Male	Color or Race white	Birth- place Washington C. Md.	
Married, Single or Widowed	Occupation		
Name of Wife or Husband			
Father's Name Ray Edmonson	Father's Birthplace Md.		
Mother's Maiden Name Amanda May Snyder	Mother's Birthplace Washington Co Md.		
Name of person giving Information Father	How related to deceased —		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Burn

How long

4 hours

Immediate

Shock

How long

Are the name, age, sex, color, date  
and place correctly given above?

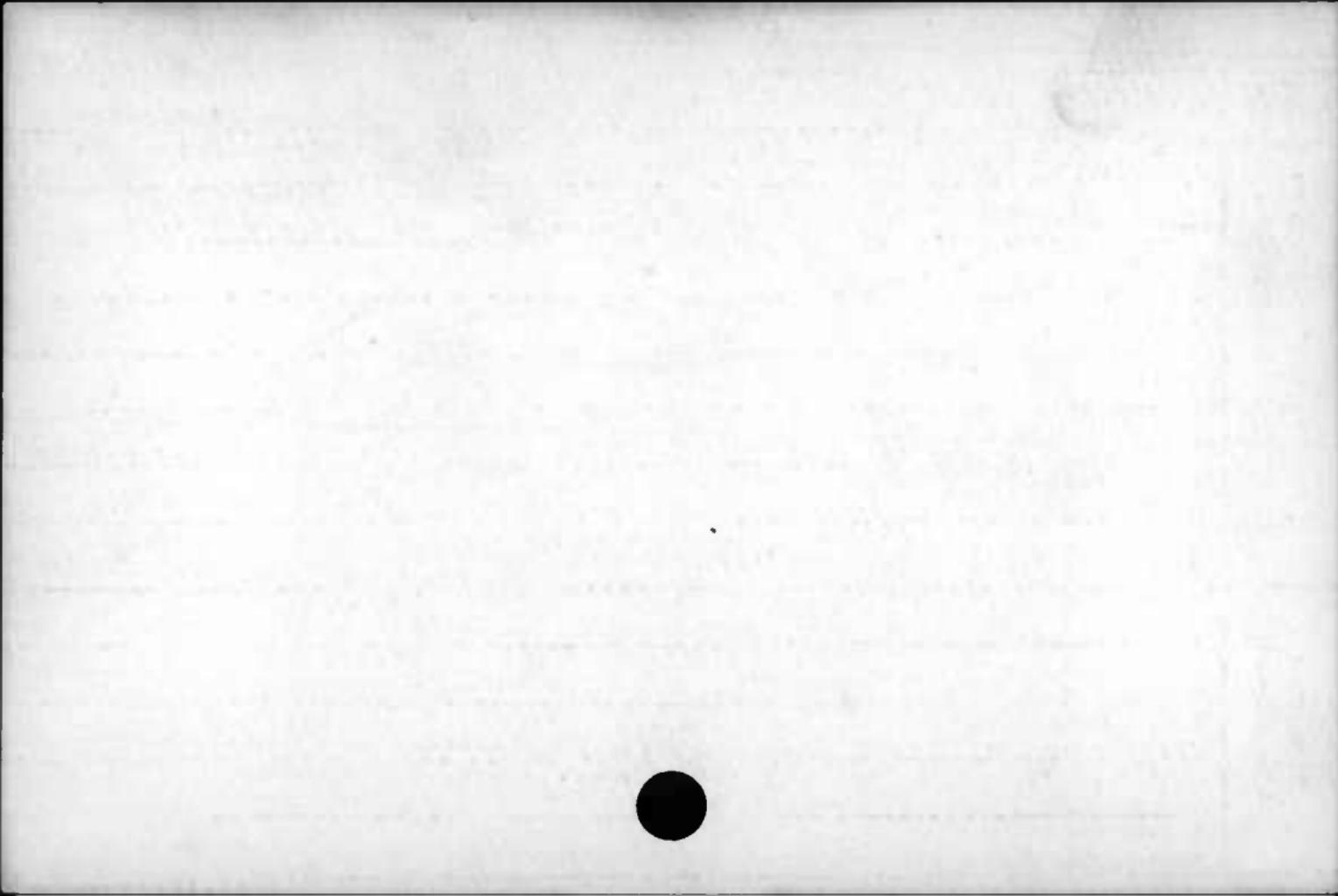
Signature of  
Physician

Levin West

Address

13 Brunswick Md.

Accident or Suicide?



William Henry Eyer.

Town

County

Died at Frederick

Frederick City -

MARYLAND

Date 1892 Month 12 Day 5

Y. M. D.

Age 1, 2, 14  
Married

Native of

Male

Widow

Divorced

Occupation

Female

White

Color

Single

Widower

Number of children living

Husband of

Wife

Father's Name

John Eyer.

Mother's Name

Annie R. Eyer.

Cause of Death

Primary

Death

Immediate

Reported by

H. G. Endemann

Address

Frederick Md

How long sick

3 mos'

Accident, Suicide, Homicide

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

John W. Fogle

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	Frederick County			MARYLAND		
Died at Liberty	Month Dec	Day 29	Years 75	Months 9	Days 13	
Date of death 1903	Age	Color or Race	Occupation	Birth-place		
Sex Male	White	Farmer	Fried. Co., Md			
Married, Single or Widowed	Married	Matilda Ann Harris				
Name of Wife or Husband						
Father's Name	William Jones		Father's Birthplace	Maryland		
Mother's Maiden Name	Don't know		Mother's Birthplace	Don't know		
Name of person giving information	George Fogle 123		How related to deceased	Son		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cystitis & Uremic Poison	How long
Immediate	Prostration	for years

Are the name, age, sex, color, date and place correctly given above?

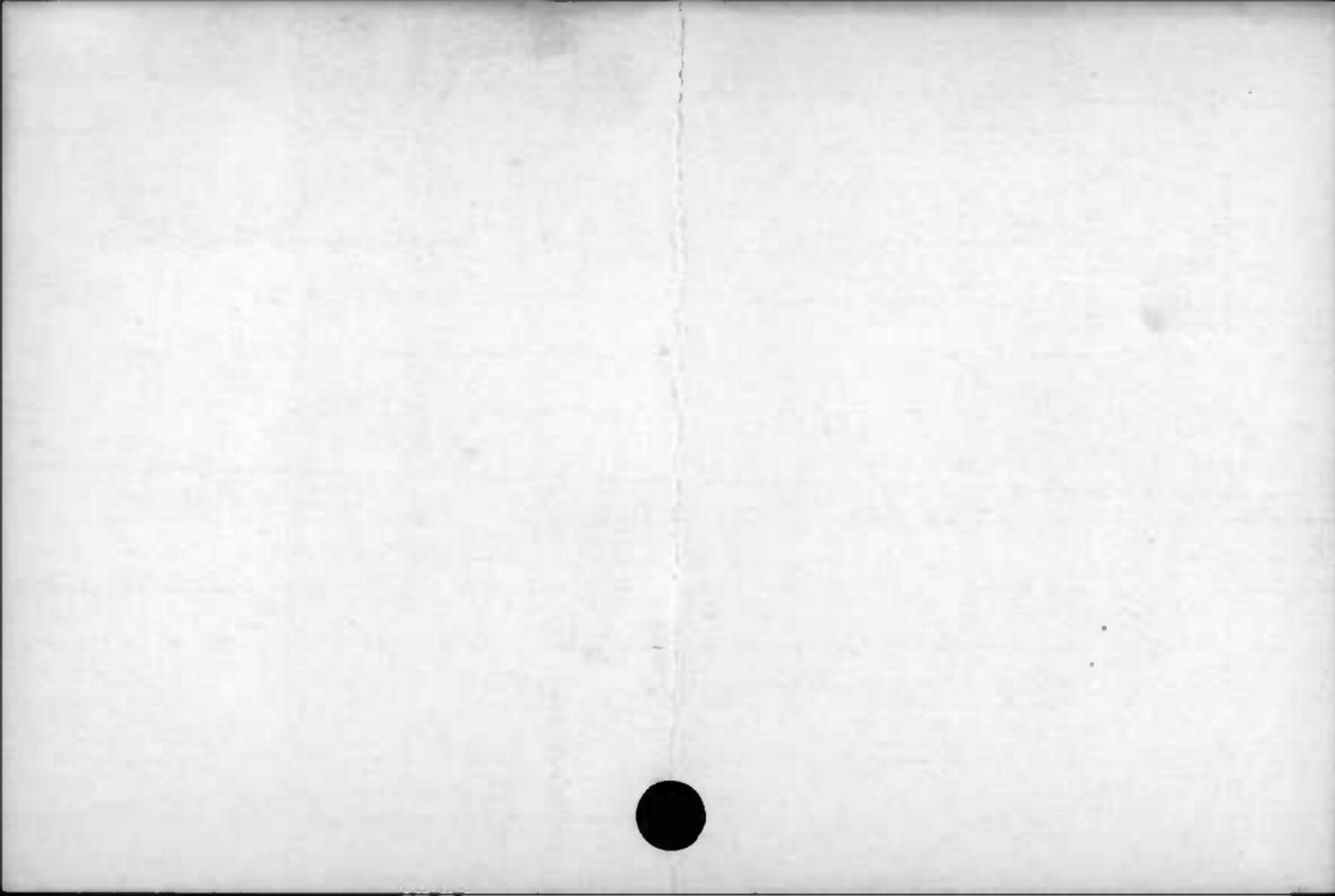
Signature of Physician

Address

10 E. Stone M.d.  
Mt Pleasant

Accident or Suicide?

Maryland



Name  
in  
Full

Daisy M Fox

CERTIFICATE OF DEATH

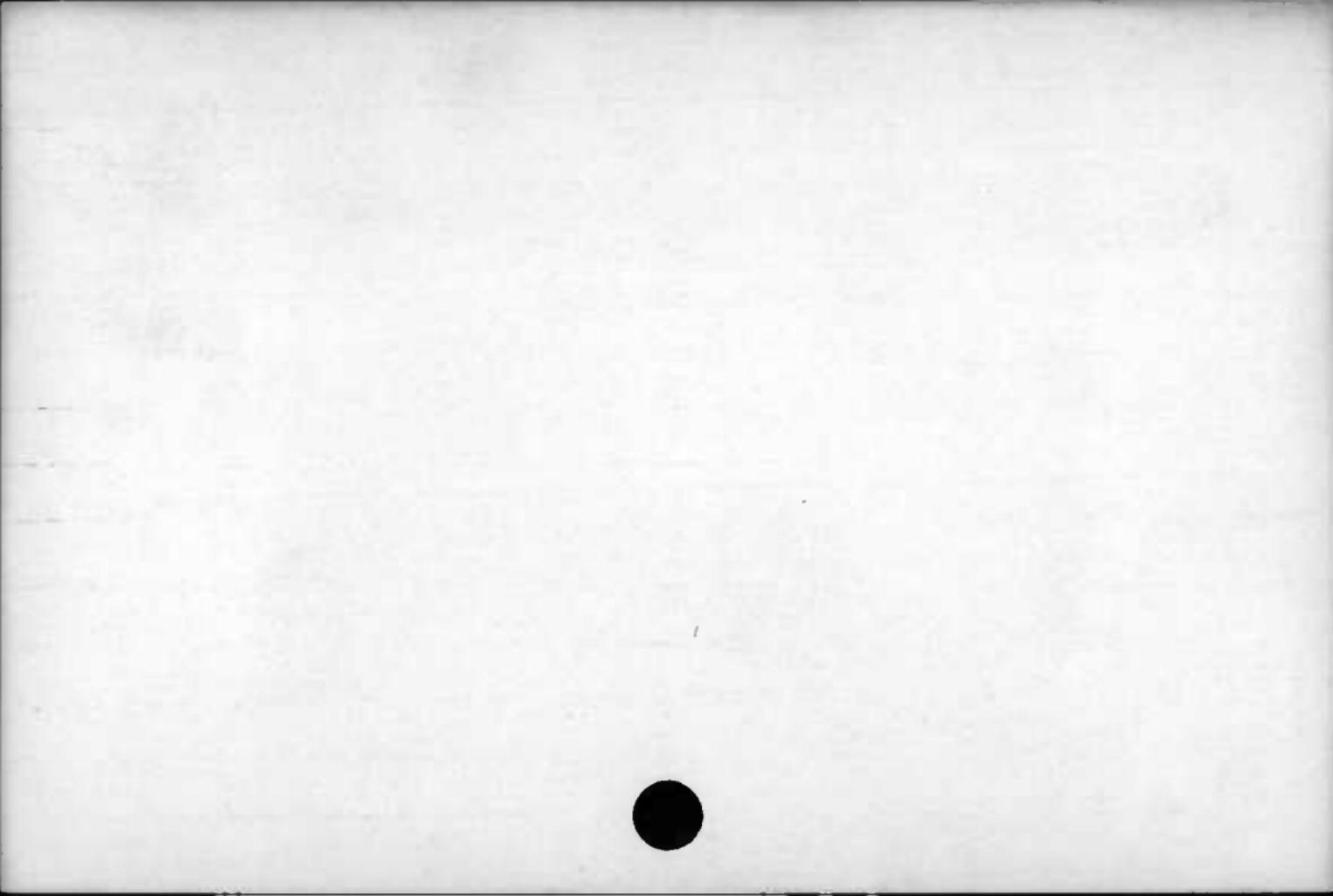
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death 1902	Month 12	Day 22	Age 18	Years	Months X	Days 1
Sex Female	Color or Race	White	Occupation	Domestic		
<del>Married, Single or Widowed</del>						
Name of Wife or Husband	X	X	X			
Father's Name	John Fox			Father's Birthplace	Md	
Mother's Maiden Name	Alice Foyle			Mother's Birthplace	Md	
Name of person giving Information	Mrs Ephraim Murray			How related to deceased	Aunt	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Syphilis	How long	10
Immediate	Exhaustion	How long	6 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr. Longurst
		Address	37 E Polk St.
Accident or Suicide?			



Robert Austin Fraley

Town

County

MARYLAND

Died at

Frederick.

Date 19	Month 02	Day 12	Age 9	Y. 4	M. 11	D. 12	Native of Md.	Occupation <input checked="" type="checkbox"/>
	Male	White	Married		Widow		Divorced	
	Female	Colored	Single		Widower		Number of children living	

Husband of

Wife

Father's Name

Robt. A. Fraley

Mother's Maiden Name

Catherine Tupper

Cause of Death

Primary

Diphtheria.

A w

How long sick

6 days

Accident, Suicide, Homicide

Reported by

E. F. Goofee, M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Isabella Francis.

CERTIFICATE OF DEATH

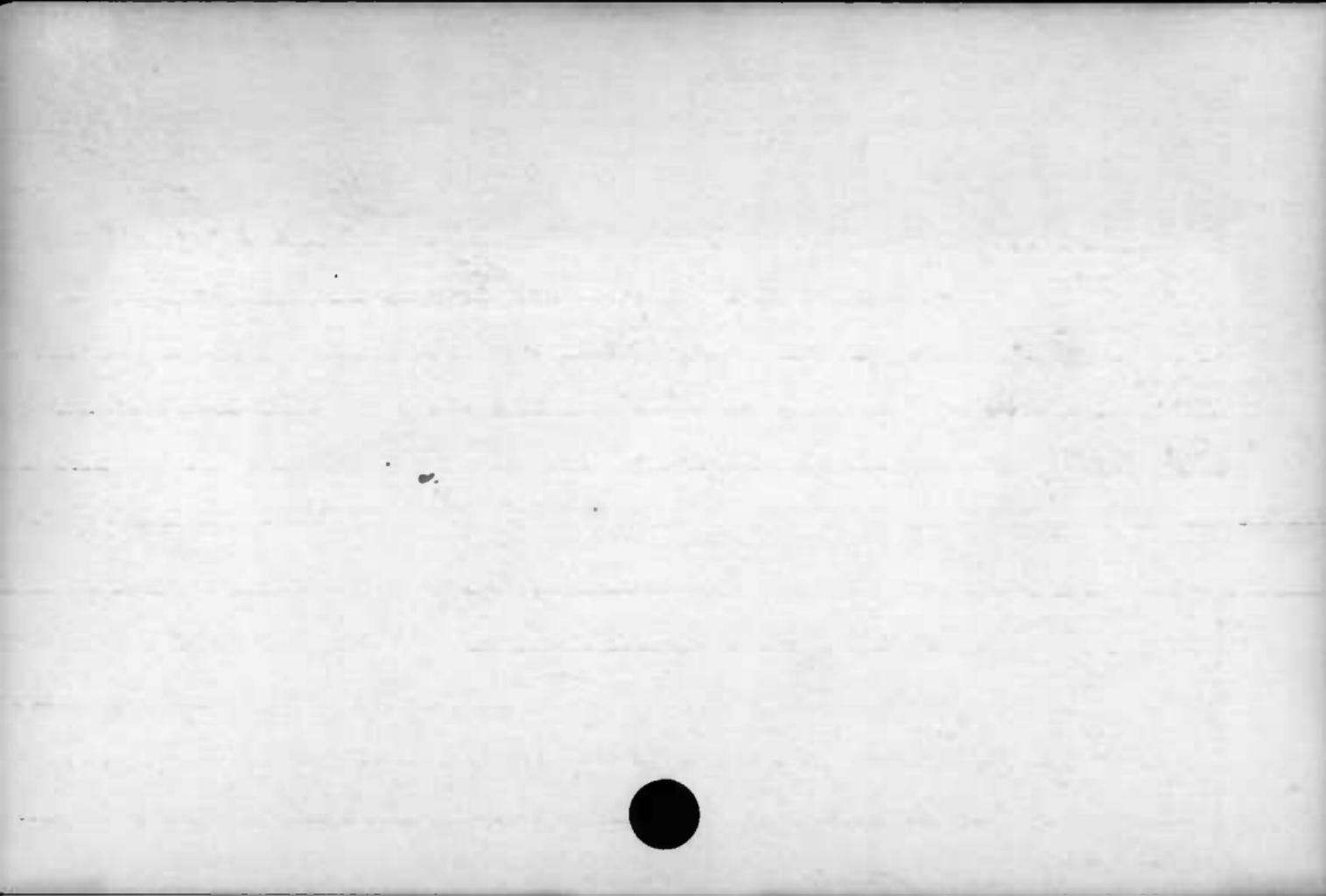
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1902	Month 12	Day 2	Years Age 61	Months —	Days —
Sex Female	Color or Race Black	Occupation Widow	Birth-place Md.		
Married, Single or Widowed	Name of Wife or Husband Thomas Francis.			Maid or Servant	
Father's Name John leadis				Father's Birthplace Unknown	
Mother's Maiden Name Unknown				Mother's Birthplace "	
Name of person giving Information Miss. Boecker,				How related to deceased daughter	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Paralysis.	66	How long six months
Immediate 1		How long months
Are the name, age, sex, color, date and place correctly given above? <input checked="" type="checkbox"/>	Yes	Signature of Physician None in attendance for Address A. T. Rice & Louis
Accident or Suicide? <input checked="" type="checkbox"/>	Funeral Director	



# Oscar Leroy Frey

Died at	Town Pleasant Walk	County Frederick Co	MARYLAND		
Date 1902	Month Dec	Day 1	Y. 10	M.	D.
	Native of	Frederick Co			Occupation
Male	White	Married	Widow	Divorced	
Female	Colored	Single	Widower	Number of children living	

Husband of \_\_\_\_\_

Wife

Father's Name

Inv Frey 29 Mother's  
Maiden Name Flora Beumer

Cause of Death

Primary

Labet mesenterica

How long sick

1 yr

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

J. J. Davis M.D.

Address

Boonsboro Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Ce tificate of Death

Susan May Gaudree

Town

County

MARYLAND

Died at

Baltimore City,

Date 1902

Month 12 Day 2

Y. Age 38

M. D.

Native of

U.S.

Occupation

Housewife

~~White~~

White

Married

Widow

Divorced

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

2

Husband of

James H Gaudree

Wife

Father's Name

D.C. Wuebner

Mother's Maiden Name

Rebecca Mokey

Cause of Death

Primary

Aspirina, Ernest Sieg

How long sick

20 years

Immediate

Heart Failure

Asthma last about 10 days

Accident, Suicide, Homicide

Reported by

Buckbee Buchanan Drif

Lady

Address

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.



Mildred Irene Lover

Town

County

Died at

See x Maysville

Frederick

MARYLAND

Date 1932,

Month Day

Y. M. D.

Native of

Occupation

12-25

Age -0-1-1

Md.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

David F. Lover

Mother's

Maiden Name

Carrie C. Johnson

Cause of

Primary

How long sick

7 days

Death

Immediate

Pneumonia

Accident, Suicide, Homicide

Reported by

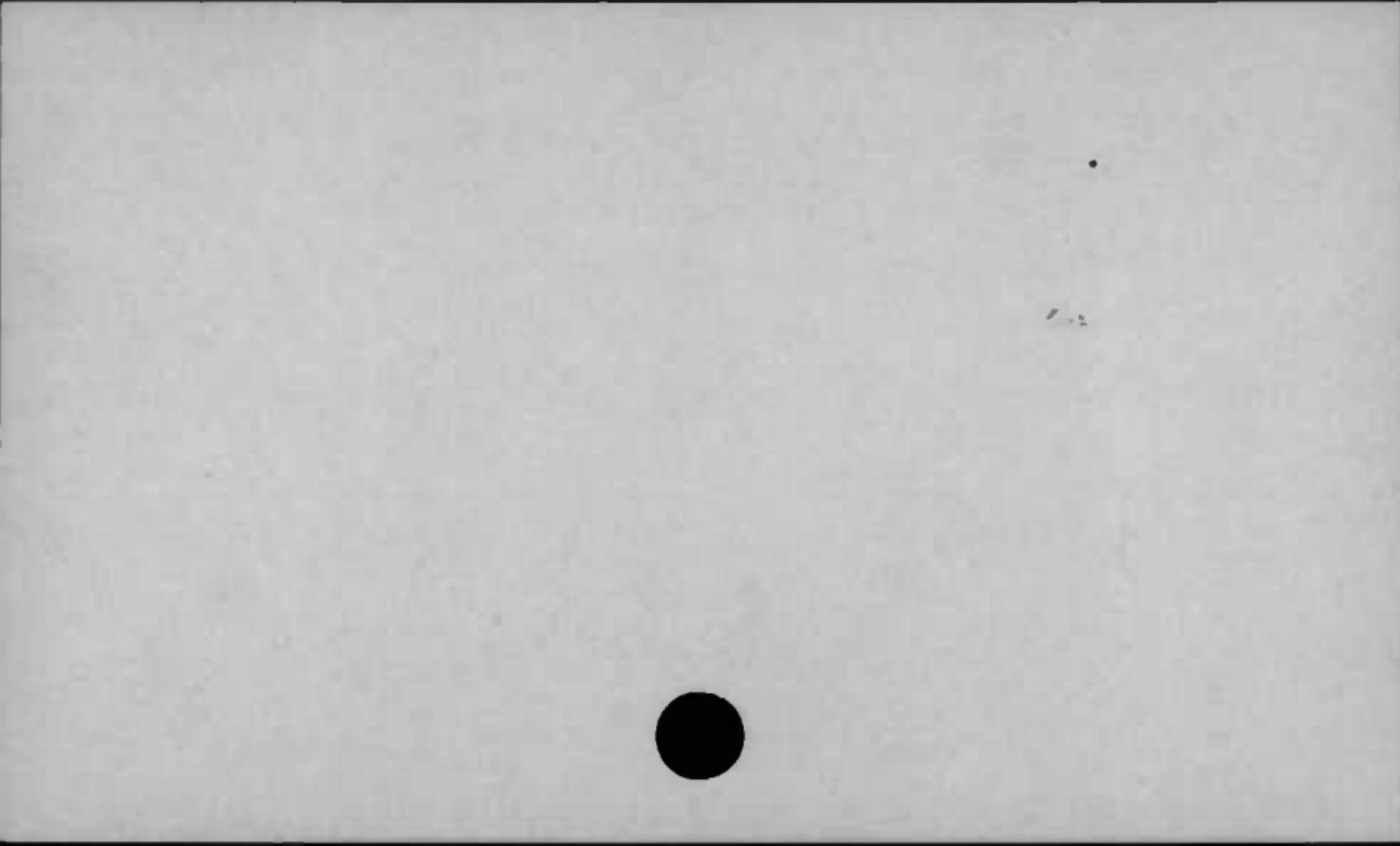
Ralph Browning

Address

Maysville

Mary Land.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

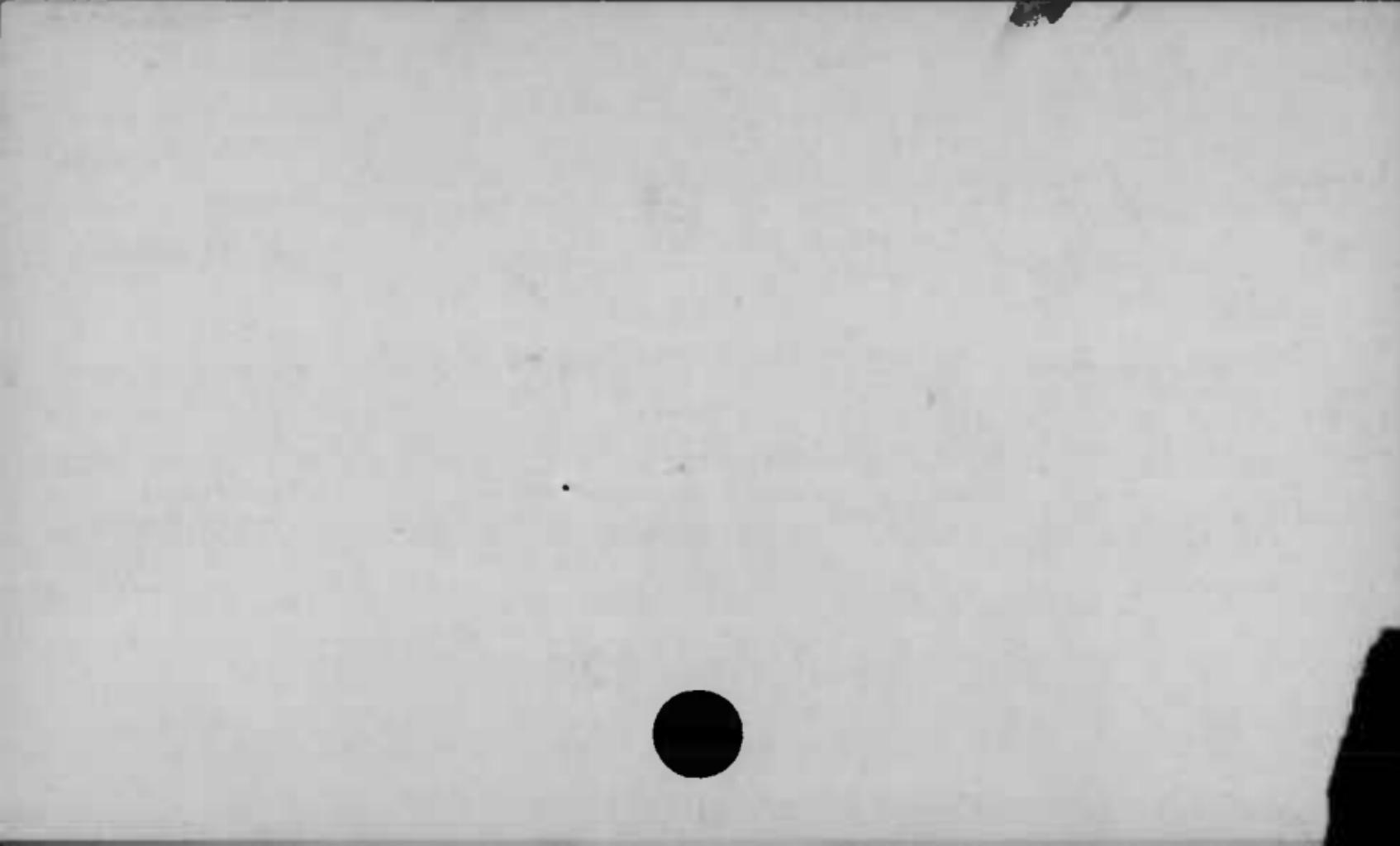


Died <u>even</u>	Town <u>Park Will</u>	County <u>J. J.</u>				MARYLAND
Date <u>1912</u>	Month <u>Oct</u>	Day <u>29</u>	Y. <u></u>	M. <u></u>	D. <u></u>	Native of
Male	White	<u>Married</u>	Widow	Divorced	Occupation	
Female	Colored	<u>Single</u>	Widower	Number of children living		
Husband of						
Wife						
Father's Name	<u>Geo. Gregg</u>			Mother's Maiden Name <u>Laurie Tay</u>		
Cause of Death	Primary <u>Still Birth</u>	How long sick <u>1d.</u>				
	Immediate				Accident, Suicide, Homicide	

Entered by

Clyde RoutsongBuckystown MD

Signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



*Emanuel M. Groov*

Town

County

Died at

*Frederick*

MARYLAND

Date of  
1902

Month  
12 Day  
22

Y. M. D.  
55.3.0

Native of

Occupation

*md*

*Sexton*

Male

White

Married

Widow

Divorced

Foster

Colored

Single

Widower

Number of children living

*3*Husband  
ofFather's  
Name*Groov*Mother's  
Name*Philip Groov* *Marguerite Morgan*

Cause of

Primary

*Diablis Mellitus*

How long sick

*1 year*

Death

Immediate

*Exhaustion**50*

Accident, Suicide, Homicide

Reported by

*O.J. Goodell - M.D.*

Address



Name  
in  
Full

Mary G. Haffeeu

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1902	Month Dec,	Day 29	Age 24	Years 6	Months 6
Sex Female	Color or Race White	Birth-place Md.			
Married, Single or Widowed Single	Occupation Maid				
Name of Wife or Husband				Father's Birthplace	Md.
Father's Name William A. Haffeeu				Mother's Birthplace	Md.
Mother's Maiden Name Mary G. Gundee				How related to deceased	Sister
Name of person giving information					

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

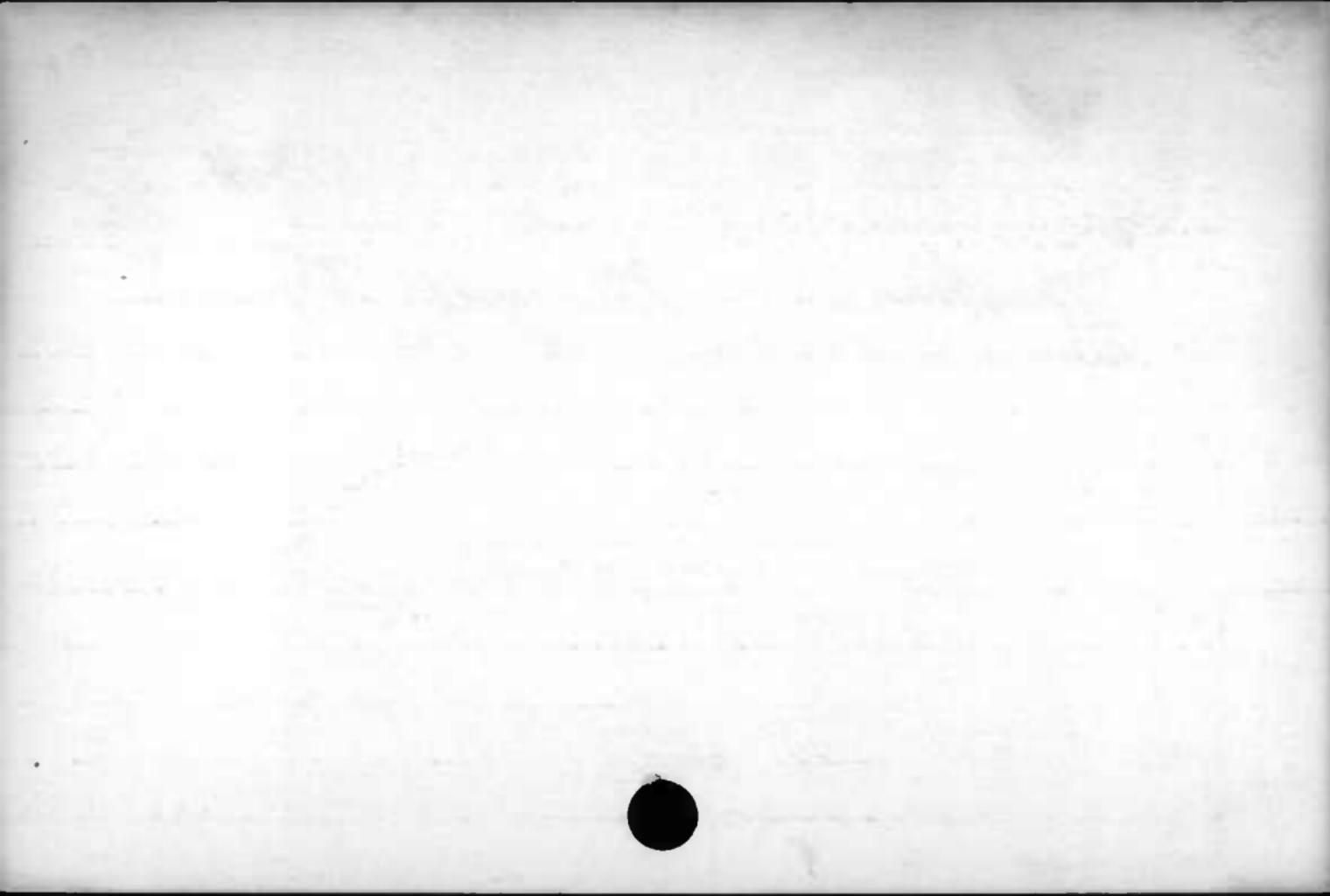
Primary Chronic Bright's Disease Secondary Pyphoid Fever, Pyphoid 10 days  
How long 11 days  
Immediate Asthma How often 3 places

Are the name, age, sex, color, date and place correctly given above?

Signature  
Physician

Address

Accident or Suicide?



Name In Full

Certificate of Death

*Martha Ann Margaret Kemp*

Town

*Brunswick*

County

*Frede*

MARYLAND

Died at

Date 19

02

Month

12 11

Day

Y.

M.

D.

Native of

*Precie City*

Occupation

*Mrs wife*

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of

Wife

Father's  
Name*John Kemp*Mother's  
Maiden Name*Martha Ann Margaret Latimer*

Cause of

Primary

*Old Age*

How long sick

*1st*

Death

Immediate

Accident, Suicide, Homicide

Reported by

*BSR*

Address

*City -*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Laura Victoria Hildebrand

CERTIFICATE OF DEATH

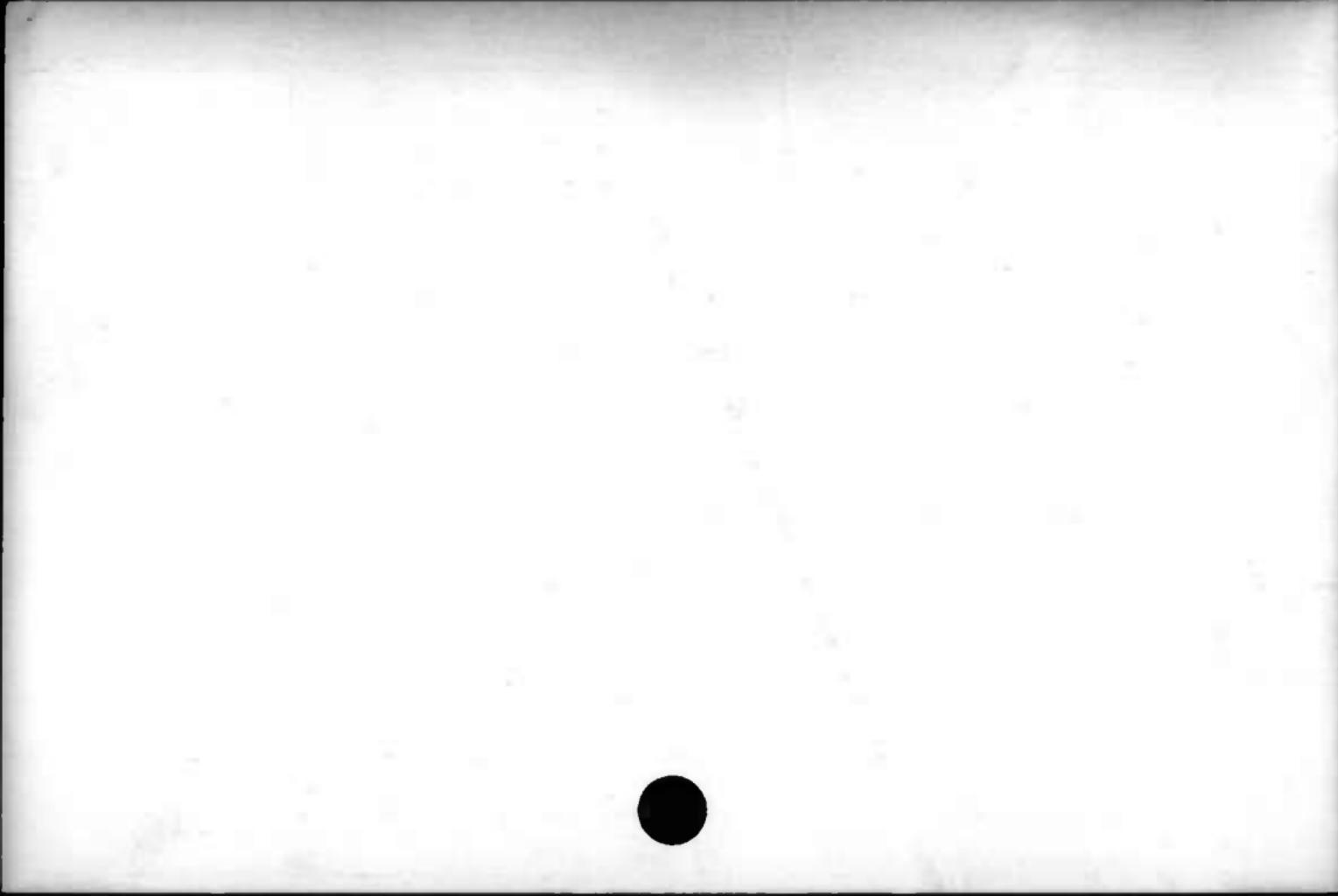
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month Dec.	Day 15	Age 61	Years	Months 9
Sex Female	Color or Race White	Birth place Md.	Days 5		
Married, Single or Widowed	Widow	Occupation			
Name of Wife or Husband	Lewis Martin Hildebrand				
Father's Name	Robt. S. Staley		Father's Birthplace	Md.	
Mother's Maiden Name	Susan Miller		Mother's Birthplace	Md.	
Name of person giving information	Chas. F. Knock		How related to deceased	Son-in-Law	

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Prominent	Chronic Bright's Disease, Hemiplegia Paralysis 2 days	How long
Immediate	Asthma	How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?	Md.	



Samuel Stokle

Town

County

Died at Frederick Frederick MARYLAND

Died at	Month	Day	Y.	M.	D.	Native of	Occupation
Date 1892	Dec.	16	Age 53	11	18	Pa.	Farmer
Male	White		Married	<u>Widow</u>	<u>Divorced</u>		
Female	Colored		<u>Single</u>	<u>Widower</u>		Number of children living	4

Husband  
of

Wife

Father's  
Name

Samuel Stokle Sr.

Mother's  
Name

Catharine Martin

How long sick

Cause of

Primary

Cirrhosis of liver

1892

Death

Immediate

Inanition

Accident, Suicide, Homicide

Reported by

Address

B. St. Stokle MD.

Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. \_\_\_\_\_  
of \_\_\_\_\_

Seen by Coroner  
of \_\_\_\_\_

Information contained in this certificate received from \_\_\_\_\_  
of \_\_\_\_\_

*Mrs Clara Bell Holland*

Town

County

MARYLAND

Died at *Brunswick* *Fredrick*

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

12 11

Age 24 11 19

*Maryland**Housewife* Male

White

Married

 White Died Female Colored Single Widower

Number of children living

2

of

Wife

Father's

Name

Cause of

Death

*Charles R Holland**a. J. McAllister* Mother's *Sarah McAllister*

Maiden Name

How long sick

Primary *Tuberculosis of Lungs*

9 month

*Pneumonia*

Accident, Suicide, Homicide

Reported by

*H. S Hedges M.D.*

Address

*Brunswick*  
*MD*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Infant of Jas 2 Holmes

Town

County

Died at Knoxville

Frederick

MARYLAND

Died 1902	Month 12	Day 30	Age	Y. M. D. 2	Native of	Occupation
Male	White		Married	Widow	Divorced	
Female	<del>Other</del>		Single	Widower	Number of children living	

Husband of

Wife

Father's Name

Jas 2 Holmes

Mother's Maiden Name

Sarah 2 Danner

Cause of

Primary

How long sick

Death

Immediate

Drown

Accident, Suicide, Homicide

Reported by

Officer 232-2

8 Dec

Address

Brunswick

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Dr West

M.D. in attendance

Information given by  
Father of Child

Name  
in  
Full

Benjamin Lee Jacobo

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at Baltimore Town Frederick County  
Date of death 1902 Month 12 Day 3 Years 29 Months 9 Days 4  
Sex Male Color or Race White Birth-place Frederick Co.

Married, Single  
or Widowed

Occupation

Unemployed

Name of Wife or  
Husband

Father's  
Name

Philip A. Jacobo

Father's  
Birthplace

Frederick Co.

Mother's  
Maiden Name

Laura J. Winshiper

Mother's  
Birthplace

Name of person giving  
Information

" .. Jacobo -

How related  
to deceased

Mother

CAUSES OF DEATH

Primary

Respiratory  
Paralysis

How long

3 weeks

Immediate

Paralysis  
Yes

How long

4 hours

Are the name, age, sex, color, date  
and place correctly given above?

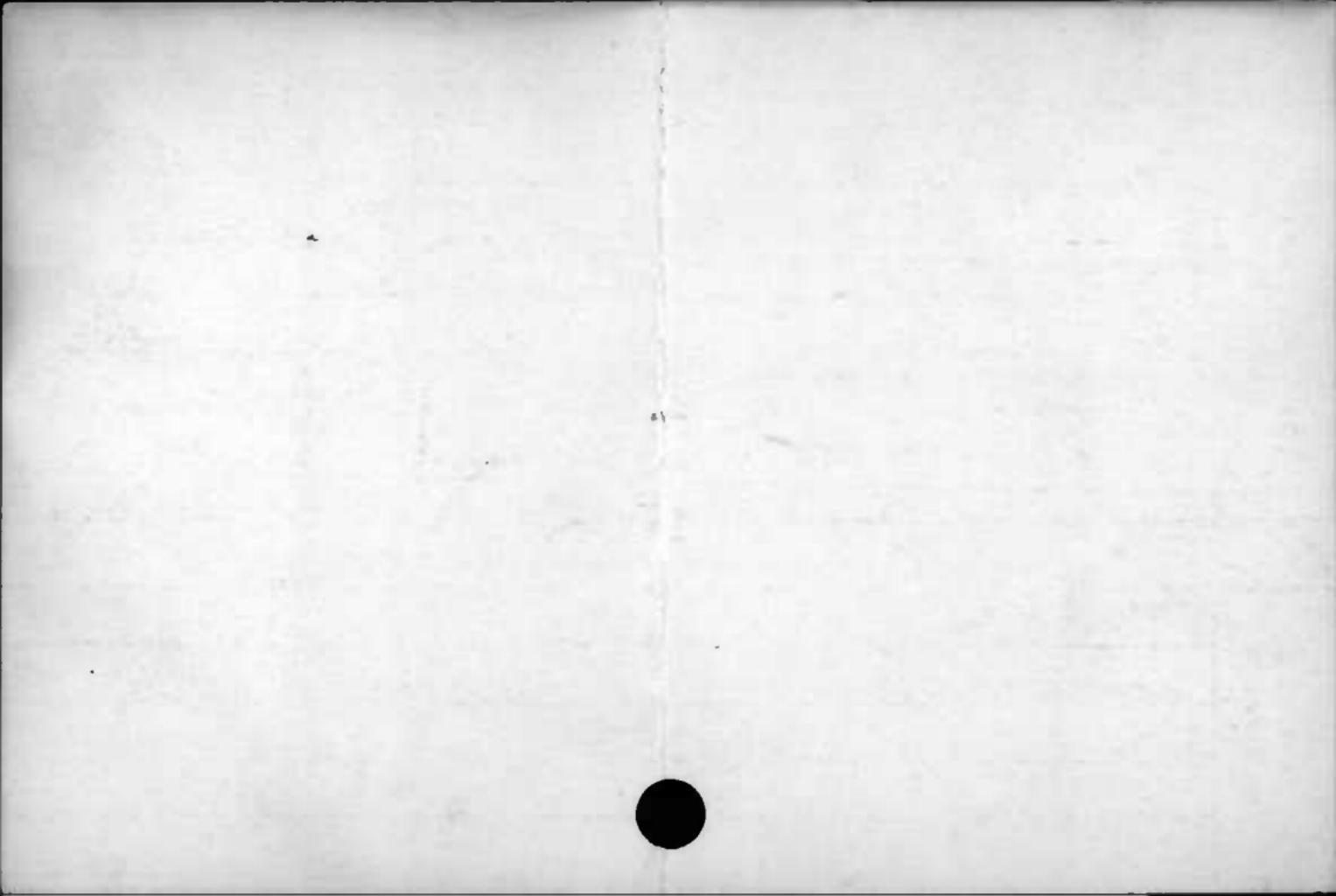
Signature of  
Physician

Address

J. N. Gib  
Mr. Pleasant

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Virginia Johnson

CERTIFICATE OF DEATH

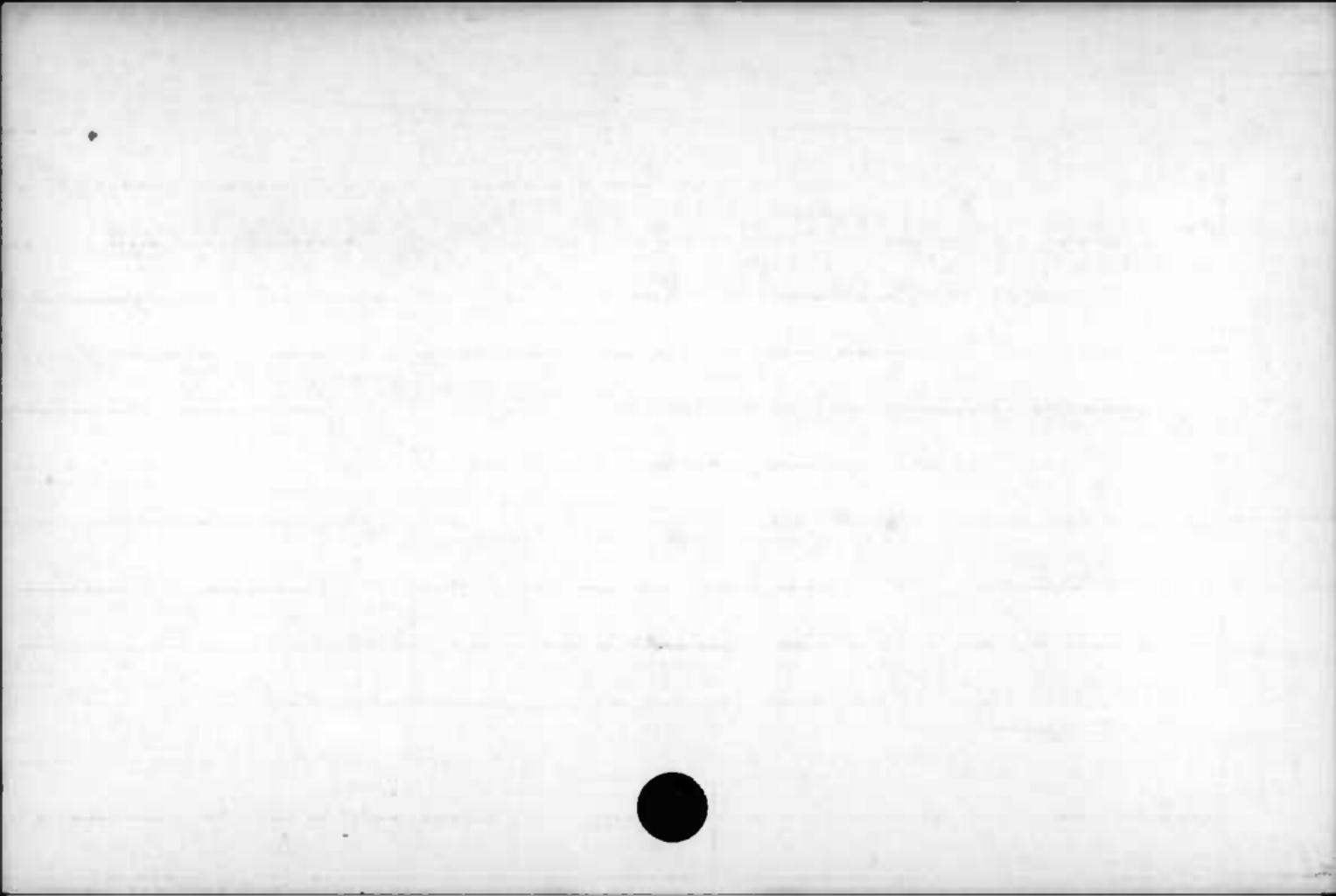
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Brunswick	Fredrick		
Date of death 1902	Month Dec	Day 26	Years
			Months 9
Sex girl	Color or Race colored	Birth-place Brunswick	Days
Married Single or Widowed single	Occupation none		
Name of Wife or Husband			
Father's Name	Nathan Jones	Father's Birthplace	Virginia
Mother's Maiden Name	Annie Johnson	Mother's Birthplace	MD
Name of person giving information	annie Johnson	How related to deceased	Mother

CAUSES OF DEATH

Primary	cold	How long	2 weeks
Immediate	Seizures	How long	12 hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	
No physician in attendance		Address	
Accident or Suicide?	dr st Horine, Brunswick Md.		

PHYSICIAN  
OR CORONER



Clara Adler Kaufman,

Town

County

MARYLAND

Died Indians

Indians

Month Day

Y. M. D.

Native of

Date 1902Dec 25Age 499 98

Med.

Occupation

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Two,

Husband

of Wife

Father's

Name

Sigmund C. Kaufman

Mother's

Maiden Name

Maxine Adler. Clara Wisthimer.

Cause of

Primary

Bronchitis

How long sick

Death

Immediate

Tuberculosis.

How many years.

Accident, Suicide, Homicide

Reported by

J. B. Johnson M.D.

Address

Frederick Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Marshall E. Keeney

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Woodsboro.</u>		County <u>Fred's R.</u>		MARYLAND		
Date of death 1902	Month 12	Day 7	Age 2	Years 8	Months 8	Days 17
Sex <u>Male</u>	Color or Race <u>White</u>	Occupation <u>—</u>		Birth-place <u>Woodsboro</u>		
Married, Single or Widowed <u>Single</u>						
Name of Wife or Husband <u>—</u>						
Father's Name <u>J. Philip Keeney</u>			Father's Birthplace <u>Woodsboro.</u>			
Mother's Maiden Name <u>Anna P. Smith</u>			Mother's Birthplace <u>Pohosville</u>			
Name of person giving Information <u>J. Philip Keeney</u>			How related to deceased <u>Father.</u>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Typhoid Fever

How long

18 days.

Immediate

Meningitis

How long

2 days.

Are the name, age, sex, color, date  
and place correctly given above?

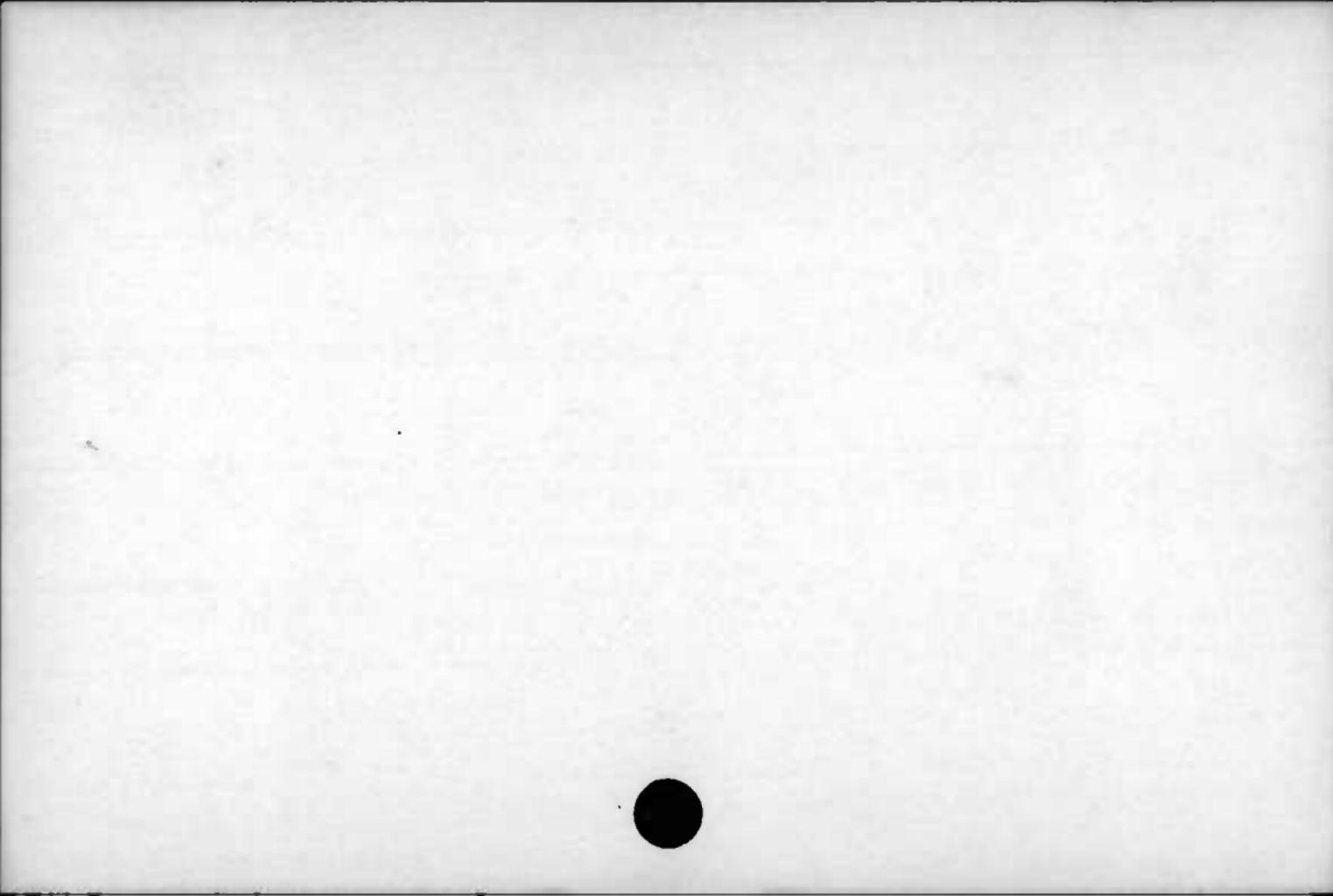
Signature of  
Physician

Address

Era H. Beall.  
Libertytown, Md.



Accident or Suicide? —



Name  
in  
Full

Infant of Chas. E. Klein

CERTIFICATE OF DEATH

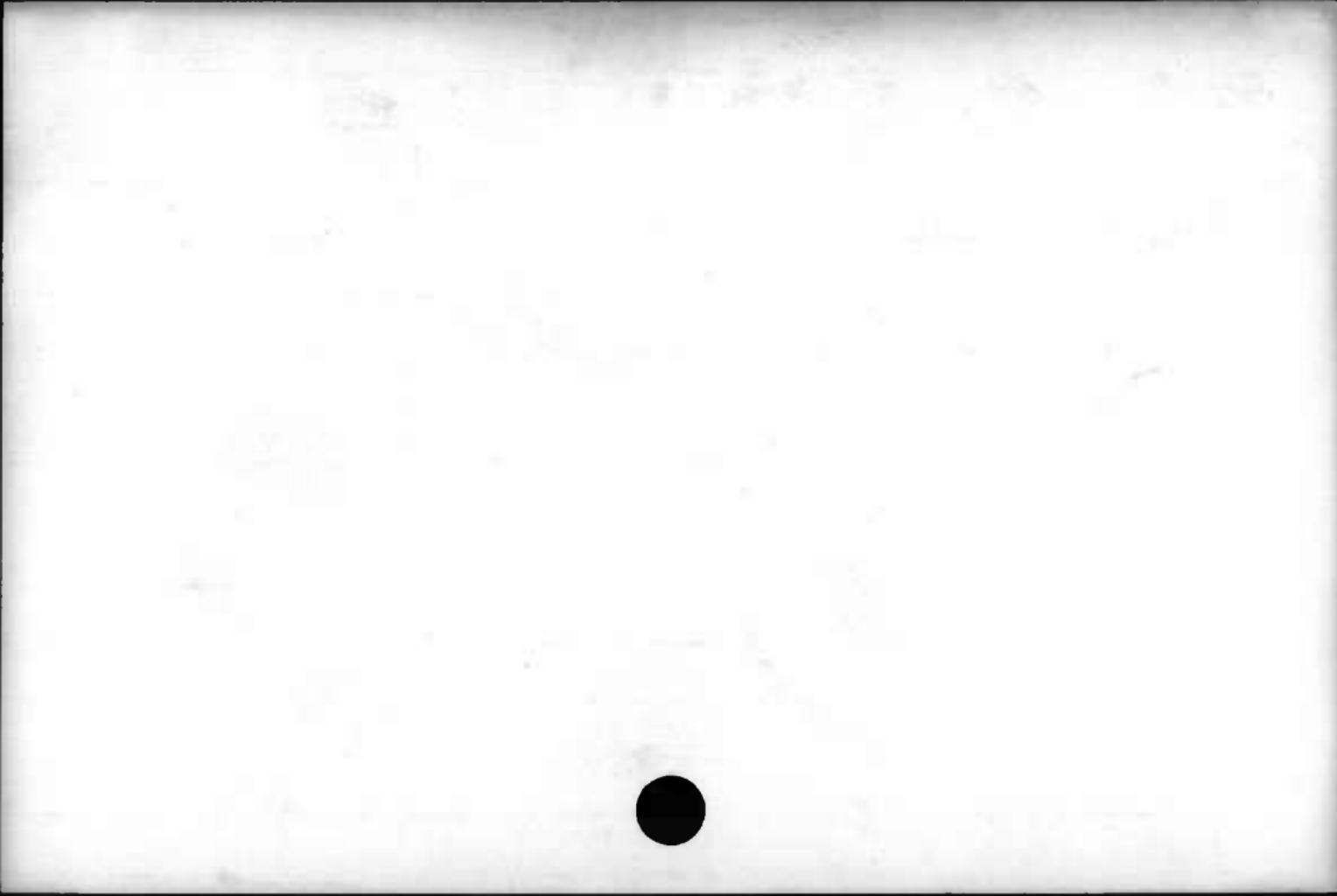
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 190	Month	Day	Years Months
2 Dec,	31		4 Hours.
Sex	Male	Age	Birth-place
Married, Single or Widowed	Single	Occupation	-
Name of Wife or Husband	-		
Father's Name	Chas. E. Klein	Father's Birthplace	Med.
Mother's Maiden Name	Luona Blanche Stover	Mother's Birthplace	Med.
Name of person giving Information	Chas. E. Klein	How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Premature Birth	How long	6 1/2 months
Immediate	Asthma	How long	4 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. V. Haffner, M.D.
		Address	Frederick, Md.
Accident or Suicide?			



Name in Full

Certificate of Death

Cecilia F. Koogle

Town

County

Died

near Sanddletown Frederick

MARYLAND

Date

1902

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Age

Married

5 29

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
ofFather's  
Name

John W. D. Koogle

Mother's  
Name

Emma C Poffubagan

Cause of

Primary

Gastroenteritis

How long sick

9 days

Death

Immediate

Exhaustion + Heart failure

Accident, Suicide, Homicide

Reported by

Ed Beckley M.D.

Address

Sanddletown Md,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

H.C. Fleet  
undertaker

Name  
in  
Full

## CERTIFICATE OF DEATH

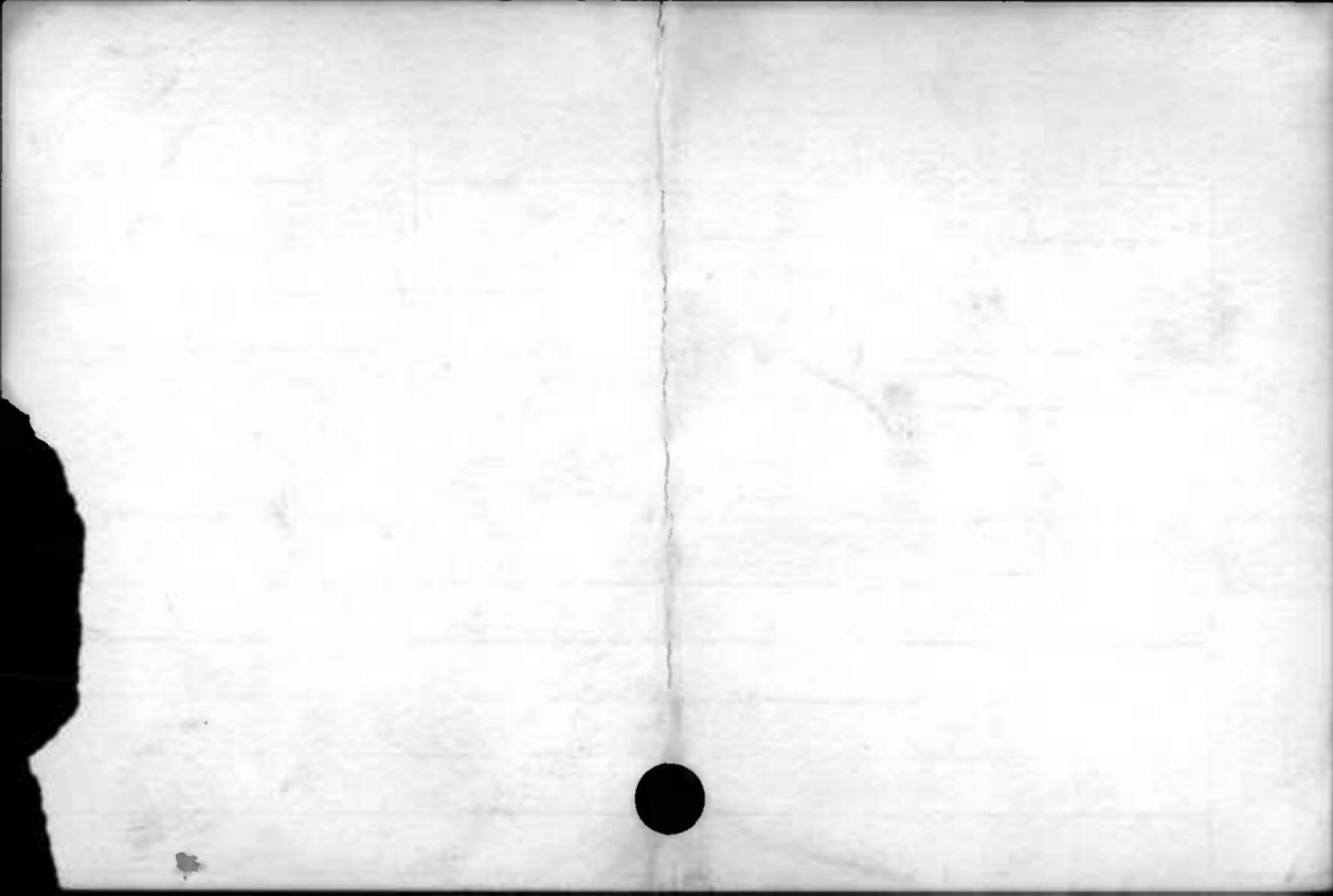
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 190		Month 2 Dec	Day 3	Years	Months	Days
Sex		Color or Race	Age		Birth-place	
Married, Single or Widowed		Occupation				
Name of Wife or Husband						
Father's Name		Melvin Latteman		Father's Birthplace		Fred Lee
Mother's Maiden Name		Ella Grossnickle		Mother's Birthplace		Fred Lee
Name of person giving information		Anthony Latteman		How related to deceased		Brother

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonic Congestion	How long
Immediate	93	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
yes	W.B. Wheeler and Son	
Address	Boonsboro	
Accident or Suicide?	Washington Lee -	



Christopher A. Leidner

Town

County

MARYLAND

Died at

Maryland Hospital - French

Month

Day

Y.

M.

D.

Date 1912

Age

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

X

Husband  
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Paralysis

How long sick

7 mo

Death

Immediate

Cystitis

Accident, Suicide, Homicide

Reported by

S. S. S. Wagnleitner

Address

18 Second St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

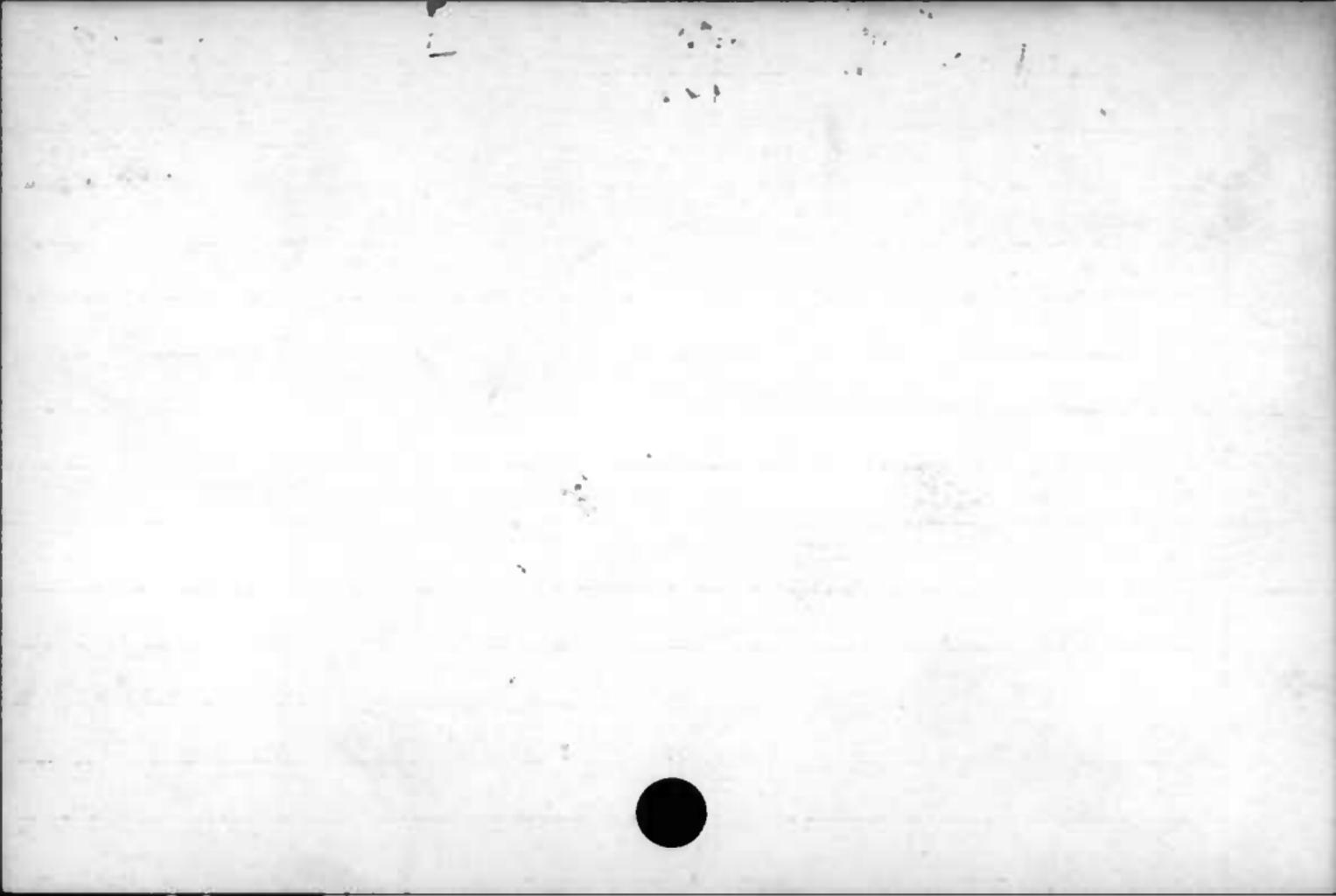
PHYSICIAN  
OR CORONER

Olli Long

20,

CERTIFICATE OF DEATH

Died at New London Town		County Frederick		MARYLAND	
Date of death 1902	Month Dec.	Day 20	Age	Months 3	Days 3
Sex Female	Color or Race white	Birth-place New London, Md.			
Married, Single or Widowed Single	Occupation				
Name of Wife or Husband					
Father's Name Jas. Long	Father's Birthplace Maryland				
Mother's Maiden Name Tommy Long	Mother's Birthplace Maryland				
Name of person giving information Tommie Long	How related to deceased mother				
CAUSES OF DEATH					
Primary	Pertussis			How long 3 wks.	
Immediate	Bronch Pneumonia			How long 8 days.	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Howard H. Hopkins Jr.		
		Address	New Market, Fred. Co.		
Accident or Suicide?		Maryland			



Name in Full

Ce ftitle of Death

Edward J. McNeely

Town

County

Died at

Summitburg Greene

MARYLAND

Month

Day

M.

D.

Native of

Date 1902

12-17

Age

73-9-5

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Occupation

Laboser

7

Number of children living

Husband  
of

Wife

Father's

Name

Edward McNeely

Mother's

Maiden Name

Susan Kelley

How long sick

one week

Cause of

Primary

Death

Immediate

Heart Disease

Accident, Suicide, Homicide

Reported by

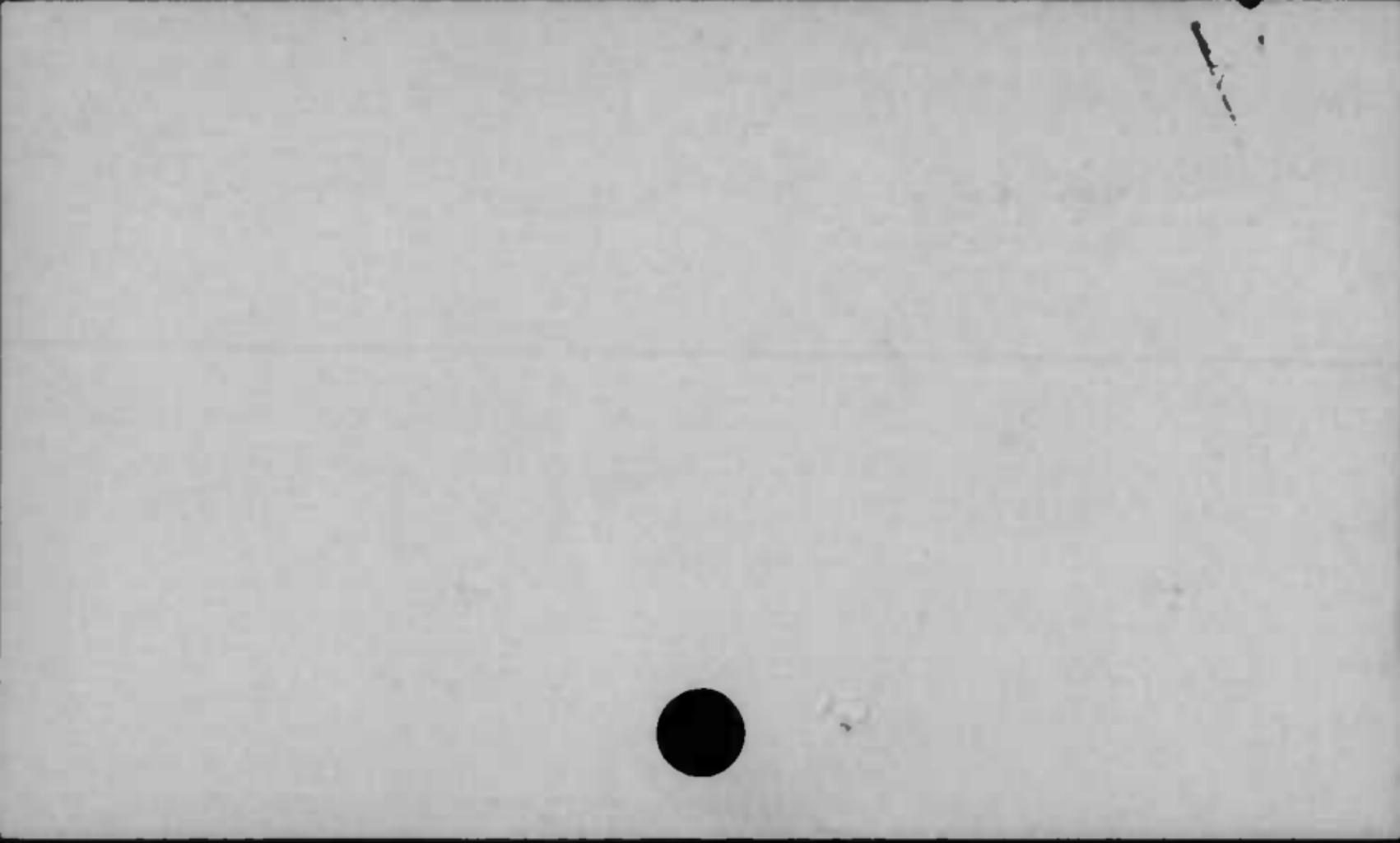
Dr D E Stone

Address

Summitburg

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mullican Jas.

Died at Frederick — da —  
Town Frederick — County MARYLANDDate 1892 - 12 - 12

Y. M. D.

Native of

Occupation

Male

White

Married

Widow

~~Widow~~~~Male~~~~White~~~~Married~~~~Widow~~~~Widow~~Husband of Victoria Lare

65

Father's Name William MullicanMother's Name Susana Dowden

Cause of

Primary

Cerebral Softening

How long sick

6 mos +

Death

Immediate

Apnoea

Accident, Suicide, Homicide

Reported by B.F. Farney andFrederick andAddress Frederick

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

W.H.C. Examiner  
Dec 18 -

C. C. Cooley

Attended by Dr.

of

Seen by Coroner

of

Information contained in this certificate

received from

of

Name  
in  
Full

Mahsilah Murdock.

CERTIFICATE OF DEATH

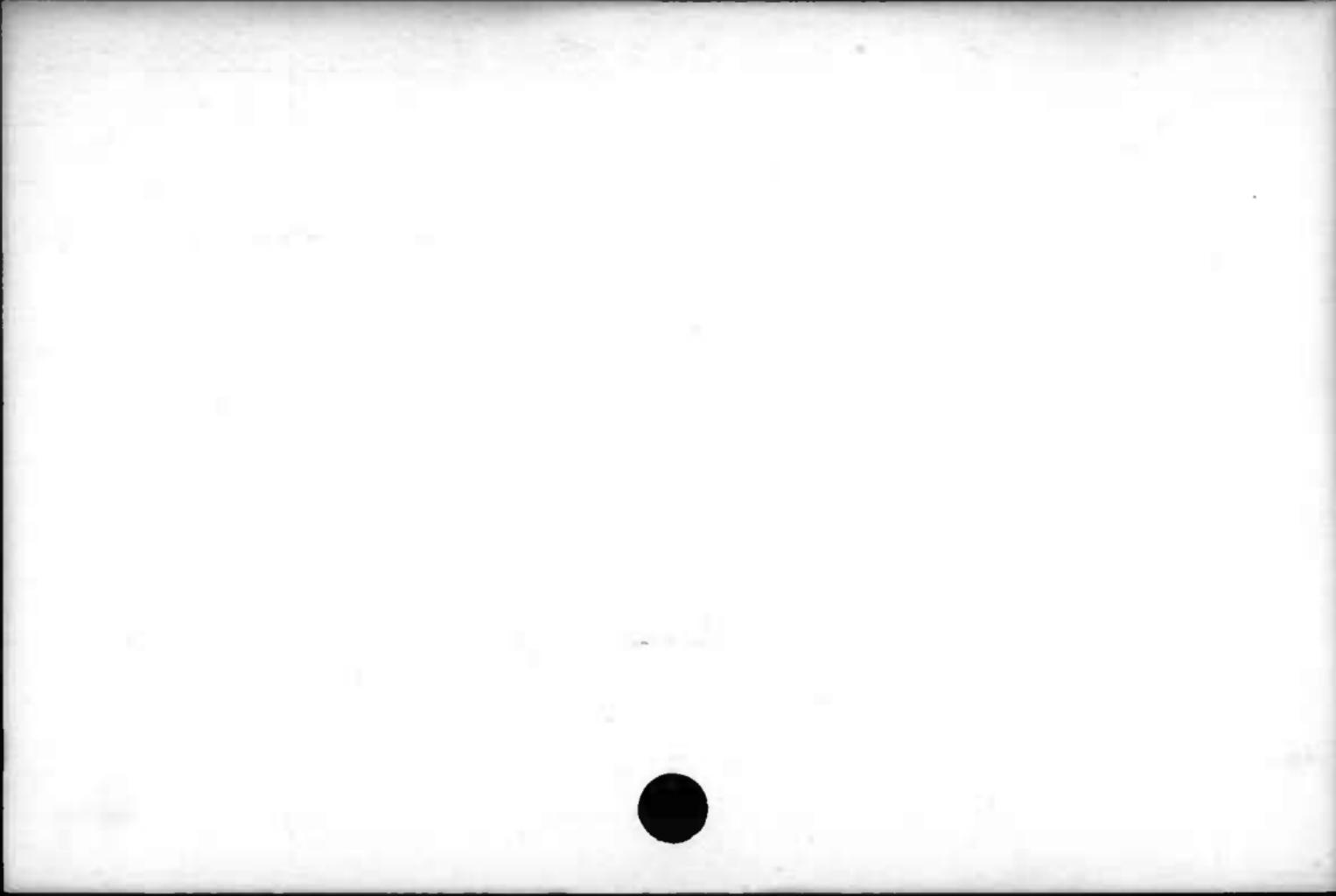
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 190	Month 12	Day 18 <sup>th</sup>	Years about 80	Months Days
Sex Female.	Color or Race Colored.	Occupation Widowed.	Birth- place Va.	
Married, Single or Widowed				
Name of Wife or Husband	Not known			
Father's Name			Father's Birthplace 154	
Mother's Maiden Name			Mother's Birthplace	
Name of person giving Information	Mrs. James Bentley		How related to deceased	No relation

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	General Debility, Heart disease		How long	Several weeks.
Immediate	Exhaustion		How long	Several days.
Are the name, age, sex, color, date and place correctly given above?		As near as can be ascertained.	Signature of Physician Address	U.G. Bourne, M.D. 152 Pleasant St. Frederick, Md.
Accident or suicide?				



Name  
in  
Full

Henrietta Belson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Newark</u> Town			County <u>Newark</u>		MARYLAND	
Date of death <u>1902</u>	Month <u>Dec</u>	Day <u>6</u>	Years <u>70</u>	Months	Days	
Sex <u>Female</u>	Color or Race <u>White</u>	Occupation <u>Singer</u>		Birth-place <u>Centreville</u>		
Married, Single or Widowed						
Name of Wife or Husband						
Father's Name <u>Nathaniel Belson</u>			Father's Birthplace			
Mother's Maiden Name			Mother's Birthplace			
Name of person giving information <u>Dr. Charles Goldsmith</u>			How related to deceased			
CAUSES OF DEATH						
Primary	<u>45</u>			How long		
Immediate <u>Cancer</u>				How long		
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician <u>Charles Goldsmith</u>			
Address <u>Wellington M.D.</u>						
Accident or Suicide? <u>Yes</u>						

LIBRARY BUREAU A88216



Norman Curtis Nichols.

Town Brunswick County Frederick MARYLAND  
Died at

Date 1902	Month 12	Day 9	Age 25	M. 5	D. 18	Native of	Occupation
Male	White		Married		Widow	Divorced	
Female	Colored		Single		Widower	Number of children living	2

Husband of

Wife

Father's Name Rodger Curtis Nichols Mother's Name Ada May Borhees.  
Maiden Name

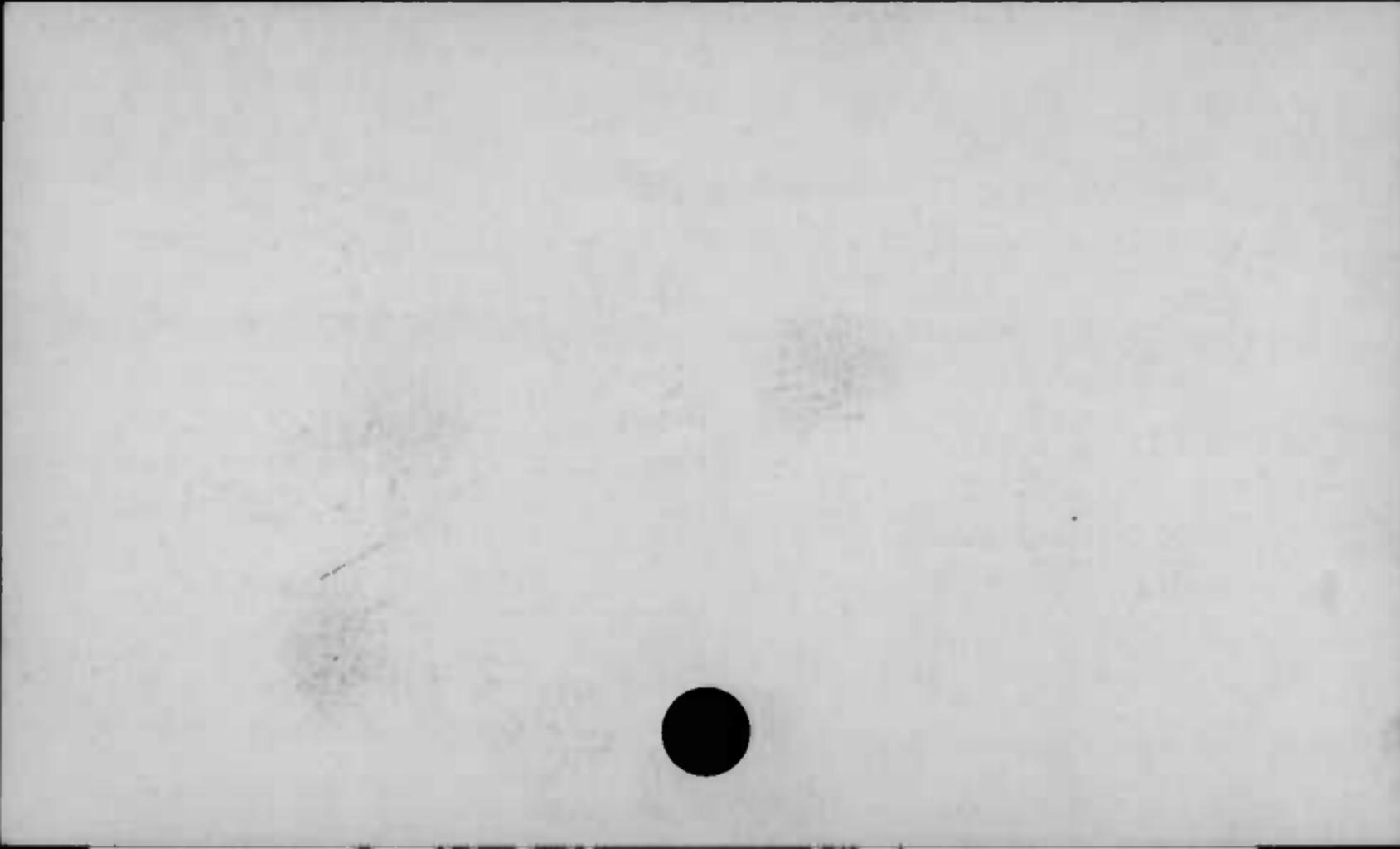
Cause of Death	Primary	How long sick
Immediate	Diphtheria.	QX 10 days.
		Accident, Suicide, Homicide

Reported by

Address

C. S. Rutherford  
City.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Ella O'Connor

Town

County

Died at

Frederick

Frederick

MARYLAND

Date 1892	Month	Day	Y.	M.	D.	Native of	Occupation
	12	1	Age	35	-	Frederick	—
Male	White	Married	Widow	Buried			
Female	Colored	Single	Widower	Number of children living	One		

Husband of \_\_\_\_\_  
Wife \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Cause of Death { Primary Chronic Bright's Disease How long sick

Death { Immediate Consumption Accident, Suicide, Homicide

Reported by C. C. Gandy Feb 1900

Address



Miss Nellie Frances Oden

Town

County

Died at

1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Dec 19

Age

17.9.9

Maryland

MARYLAND

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

Wife

Father's

Name

Nathan Oden

Mother's

Name

Ellen Jane Lewis

How long sick

Cause of

Primary

Consumption

27

about one year

Death

Immediate

Accident, Suicide, Homicide

Reported by

A. J. Colbert

Undertaker

Address

Point of Rocks

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Bessie L. Oland

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Near Frederick		County	Frederick		
Date of death	Month	Day	Years	Months	Days	
1902	Dec.	2	19	10	11	
Sex	Female	Color or Race	white	Birth-place	Frederick, Md.	
Married, Single or Widowed	Single		Occupation			
Name of Wife or Husband						
Father's Name	David Oland			Father's Birthplace	Fredk. Co., Md.	
Mother's Maiden Name	Louisa Doll			Mother's Birthplace	Fredk. Co., Md.	
Name of person giving information	50			How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Diabetes mellitus

How long

about 2 years

Immediate

Uraemia Coma

How long

Two days

Are the name, age, sex, color, date and place correctly given above?

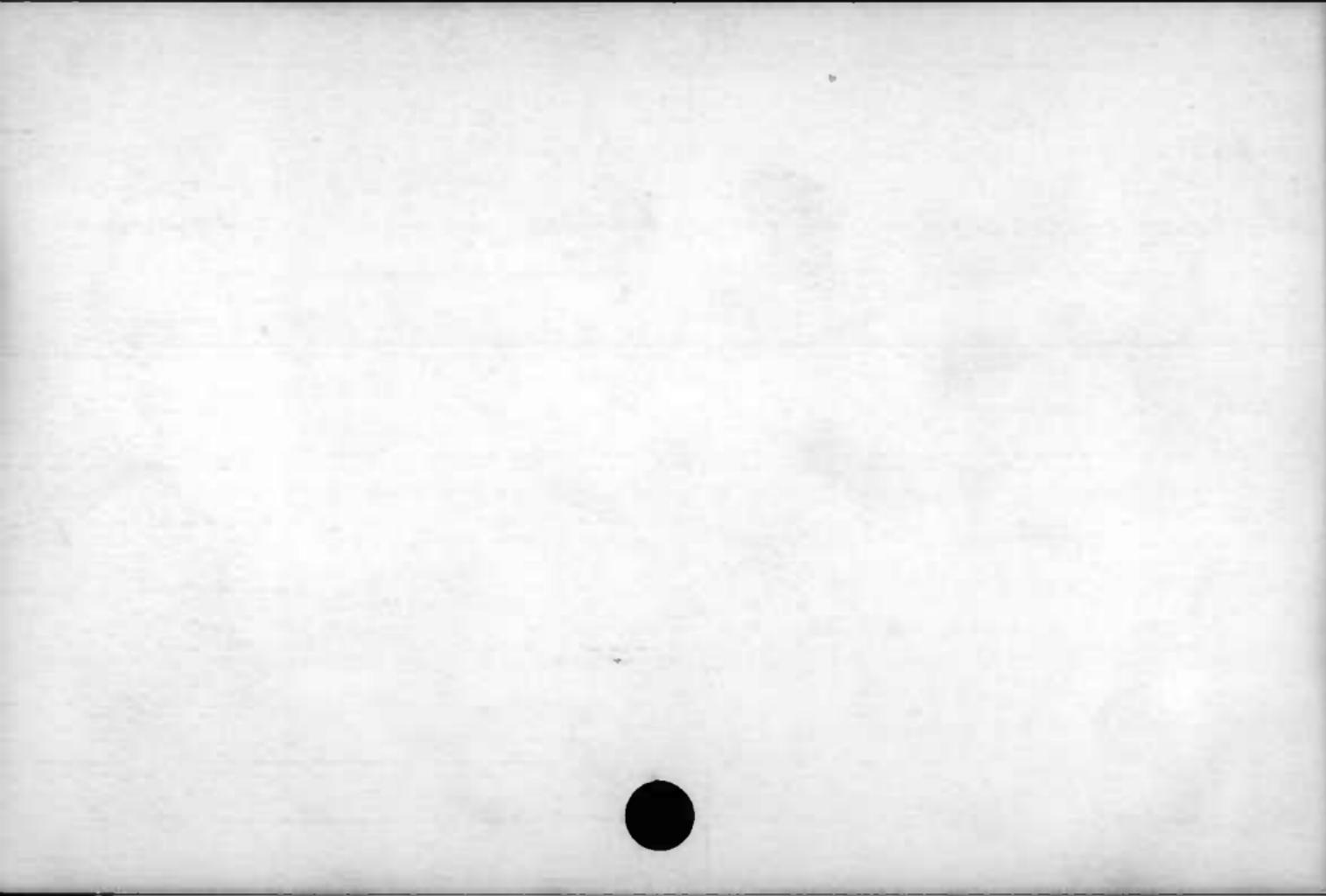
yes

Signature of Physician

Address

J.O. Hendrix,  
Frederick, Md.

Accident or Suicide?



Name  
in  
Full

Isaac Pleasant

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Frederick	County	Md	MARYLAND	
Date of death 190	Month	2	Day	16	Years	31
Age	Months	4	Days	1		
Sex	Color or Race	Male	Black	Birth-place	Fredrick Md	
Married, Single <del>or Widowed</del>	Occupation	Laborer				
Name of Wife & Husband	Daisy Pleasant					
Father's Name	X	X	X		Father's Birthplace	X XX
Mother's Maiden Name	X	X	X	X	Mother's Birthplace	X X X
Name of person giving Information	Mary Pleasant					
How related to deceased	Mother					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Consumption

27

How long

4 Month

Immediate

Exhaustion

How long

2 " "

Are the name, age, sex, color, date and place correctly given above?

Yes

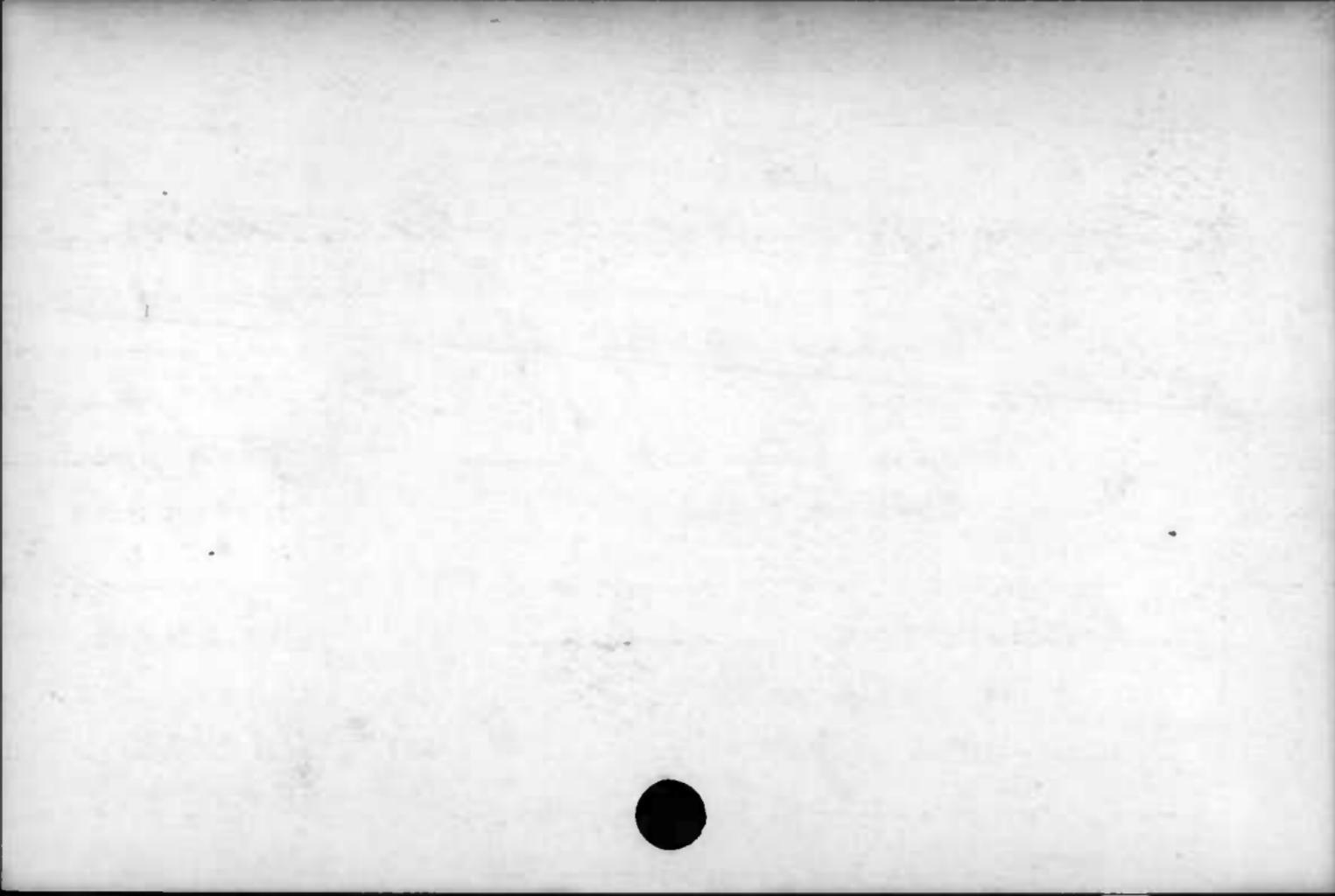
Signature of Physician

R. A. Dowdy M.D.

Address

37 E Polk St  
City -

Accident or Suicide?



Name  
in  
Full

Annie Price

Dr. 18  
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	Burnt Mill		County	Frederick	
Date of death	Month	Day	Years	Months	Days
120 2	Dec.	19	87	1	17
Sex	Females	Color or Race	White	Birth- place	New market Md.
Married, Single or Widowed	Widow	Occupation	House-keeper		
Name of Wife or Husband	Samuel Wesley Price				
Father's Name	Peter Kemp				
Mother's Maiden Name	Rachel Gaither				
Name of person giving Information	Emma Steel				
Father's Birthplace	Maryland				
Mother's Birthplace	Montgomery Co				
How related to deceased	Daughter <sup>old</sup>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonia	93	How long	one week
Immediate	"		How long	

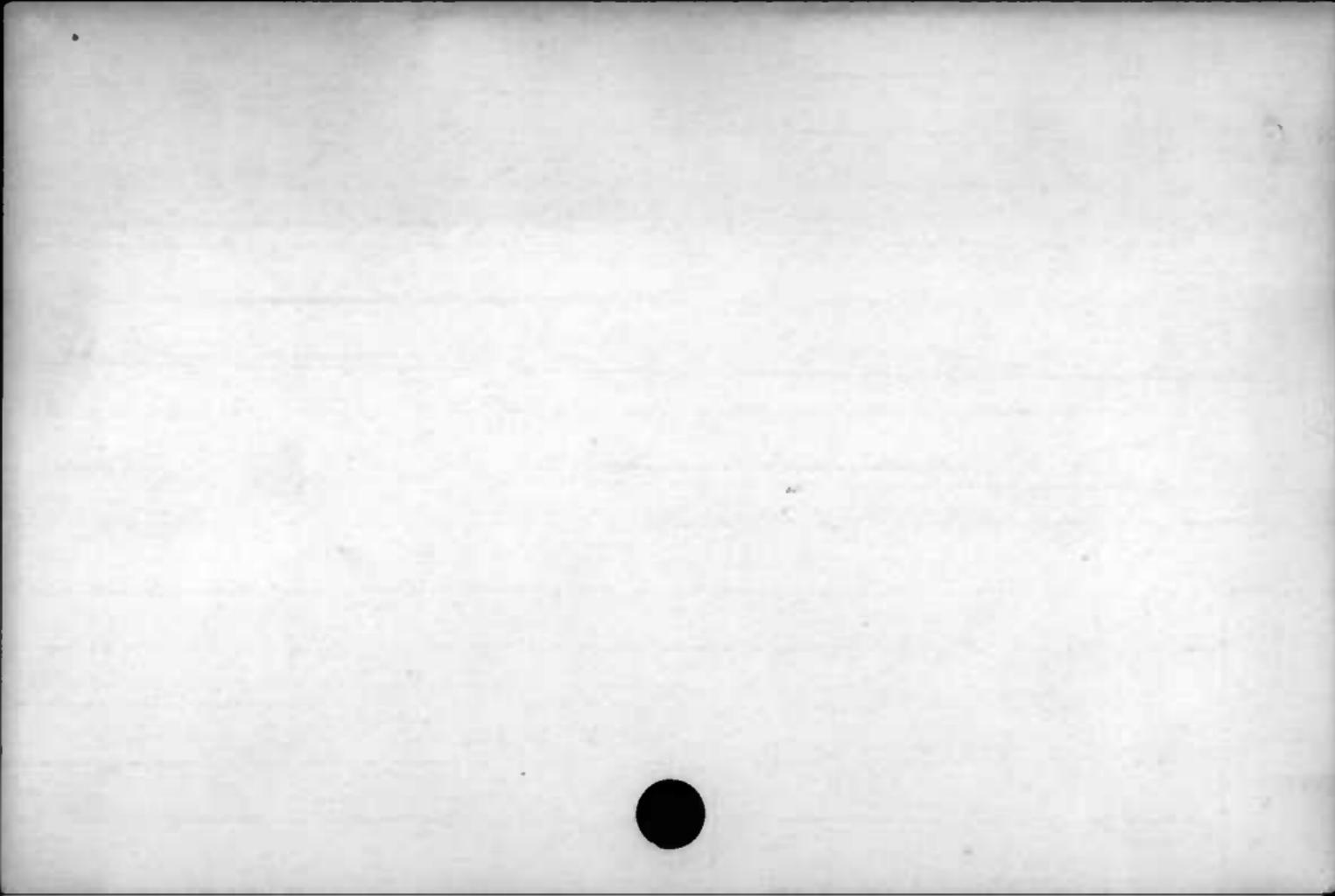
Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

D. E. Stone  
Mt Pleasant  
Maryland



Carlton R Reusburg

Town

County

Died at Middletown

Livedenick

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1802	Dec	16	Age	4	6	14	Slave
Male	White		Married			Widow	Divorced
<del>Female</del>	<del>Colored</del>		Single			Widower	Number of children living

Husband of \_\_\_\_\_

Wife

Father's Name

Albert S Reusburg

Mother's Name

Clara E Routgaher

Cause of Death

Primary

Malnutrition &amp; Fever

How long sick

12 days treatment

Death

Immediate

Anemia &amp; exhaustion

Accident, Suicide, Homicide

Reported by

E L Beckley Jr D

Address

Middletown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

H C Frate  
undertaker

George Philip Rhodes

Town

County

Died at

Frederick

MARYLAND

	Month	Day	Y.	M.	D.	Native of	Occupation
Date 1902	12	12	—	2	6	Frederick	—
Male	White	Married	Widow			Divorced	
Female	German	Sing'l	Widower			Number of children living	

Husband of —

Wife

Father's Name

Shaffer L Rhodes

Mother's Maiden Name

Harriet E Engelbrecht

Cause of Death

Primary

Strangulation of bowels

How long sick

Immediate

Ahaertion

3 days

Reported by

J. S. Magruder

(5)

Address

17 Seven &amp; 1/2 W

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

W. Oliver Cemetery  
Dec 14-1902

C. C. Carter

near Frederick Town  
Routzahu - County  
 Died at Frederick

MARYLAND

Date 1902	Month	Day	Y.	M.	D.	Native of	Occupation
1902	12	19	Age	49	-	U.S.	Trolgate keeper
	Male	White	Married		Widow	Divorced	
	Female	Colored	Single		Widower	Number of children living	

Husband of

Wife

Father's Name

Jonathan Routzah

Mother's Maiden Name

Catharine Sheffer

Cause of Death

Primary

Ovarian Tumour

How long sick

20 years

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Franklin Buchanan Smith M. D.

Address

Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Lucy Ryan

Died at	Town	County	MARYLAND
Date 192	Month	Day	Y. M. D.
	Feb	26	34 -
	Male	Age	Native of
	Female	White	Wife
		Colored	Married
			Widow
			Divorced
			Number of children living

Husband of

+

Wife

+

Father's

Mother's

Name

Maiden Name

+

Cause of

Primary

Sepsis

How long sick

3 Mon

Death

Immediate

Dying -

36

Accident, Suicide, Homicide

Reported by

H. J. Maynard

Address

17 secnd st w.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



## Infant Child

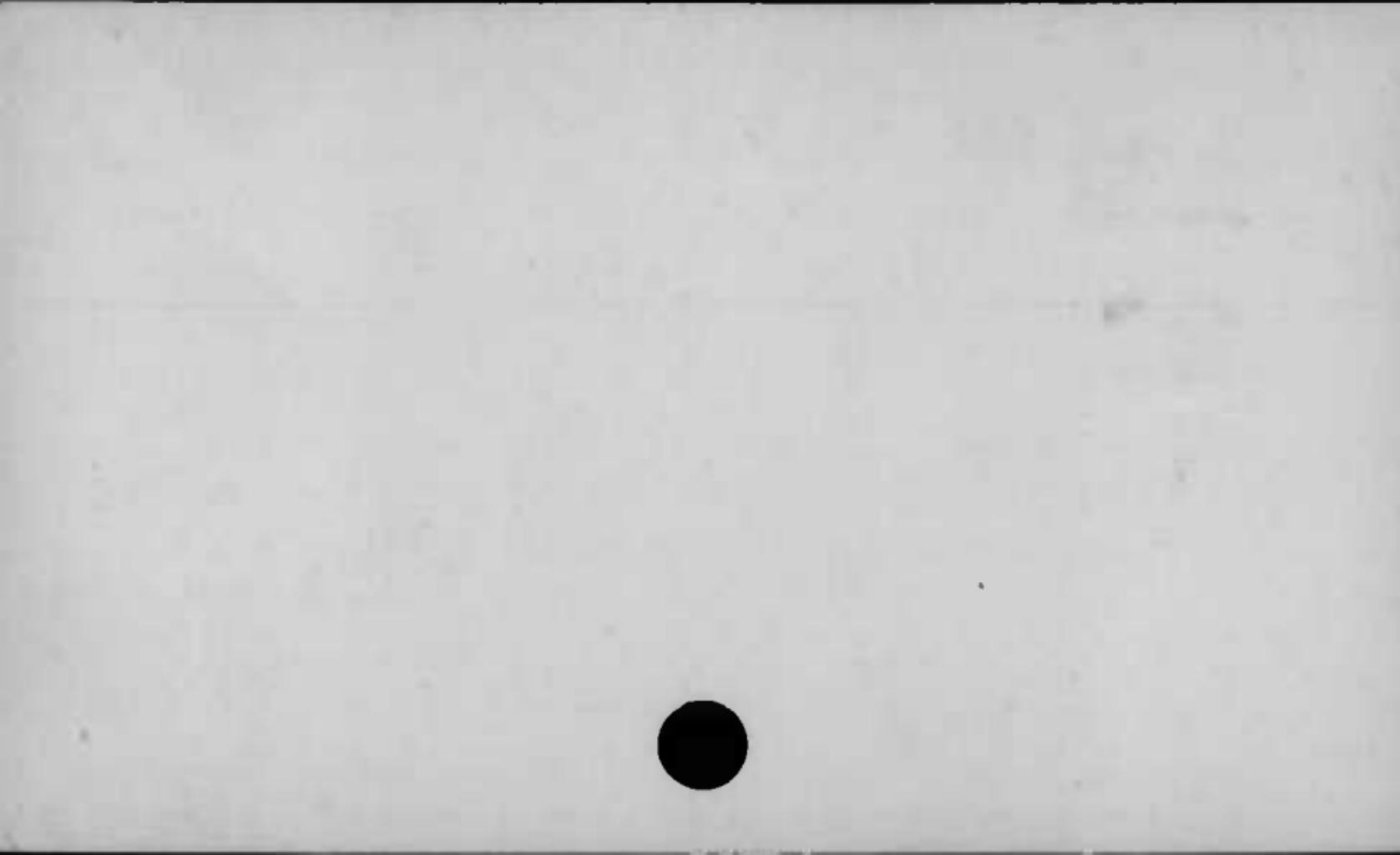
Died at	Town	County		
1902	Harmony	Frederick	MARYLAND	
Date + 89	Month Dec 29	Y. M. D.	Native of	Occupation
	Age	—	md	—
<input checked="" type="checkbox"/> Male	White	Married	Widow	Divorced
<input type="checkbox"/> Female	Colored	Single	Widower	Number of children living
Husband of				
Wife				
Father's Name	Lelon Shunk and		Mother's Name	Minnie Finstone
Cause of Death	Primary	Stock - still born		How long sick
	Immediate	Suffocation		Accident, Suicide, Homicide

Reported by

A. A. Lomas M.D.  
Middletown, Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at		Town	County	Native of			MARYLAND
Date	1902	Month Dec	Day 2	Y. 23.	M.	D.	Occupation
Male		White	Married	Widow	Divorced		
Female		Colored	Single	Widower	Number of children living		
Husband of	Hiram Estes						
Wife							
Father's Name	Carlton B. Stank			Mother's Name	Sarah Palmer		
Cause of Death	Primary Immediate			Explosion of dynamite			
Reported by	F. C. Peet						
Address	Middleton Md						

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. \_\_\_\_\_

of \_\_\_\_\_

Information contained in this certificate re-  
ceived from \_\_\_\_\_

of \_\_\_\_\_

Name  
in  
Full

Ida May Shernald

CERTIFICATE OF DEATH

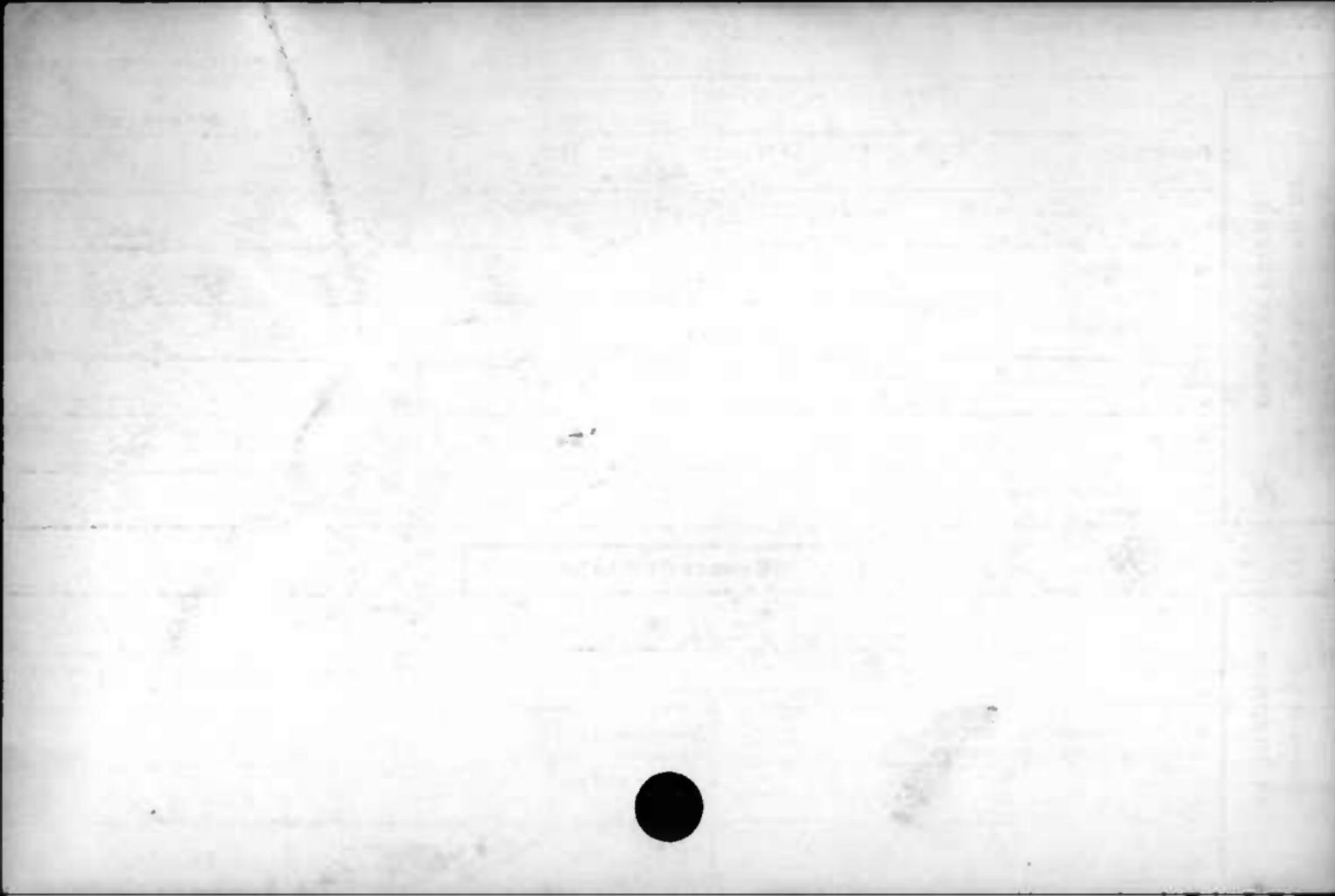
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Frederick	Frederick		
Date of death 1902	Month Dec	Day 4	Years 4
		Age	Months 10 Days 29
Sex Female	Color or Race White	Birth-place Md	
Married, Single or Widowed single	Occupation		
Name of Wife or Husband			
Father's Name J. Frank Shernald	Father's Birthplace R. S.		
Mother's Maiden Name Mary E. Geaser	Mother's Birthplace Md		
Name of person giving information J. F. Shernald	How related to deceased father		

CAUSES OF DEATH

Primary	Diphtheria causing acute nephritis	How long one week
Immediate		How long three week
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Dr. W. Campbell Geaser	Address Frederick Md
Accident or Suicide?	~	

PHYSICIAN  
OR CORONER



Name in Full

Certificate of Death

Seaford

Town

Hedgesboro

County

Shipler

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1962

2 26

Age

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of

Wife

Father's  
Name

Harry Shipler

Mother's

Maiden Name

Janie

Cause of

Primary

How long sick

Stillborn

Death

Immediate

Accident, Suicide, Homicide

Reported by

John McRuddy



Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Claude Smith

Town

Died at

New Haven

County

Md

MARYLAND

Died at	Month	Day	Y.	M.	D.	Native of	Occupation
Date 1982	12	23	-	Age 24		Md	Farmer
Male	White	Married		Widow		Divorced	
Female	Caled	Single		Widower		Number of children living	1

Husband of	Name		Mother's
Wife	Elaine Smith		Heller
Father's Name	Hall Smith	Maiden Name	
Cause of Death	Primary	Bronchitis	How long sick
	Immediate	Pneumonia	2 weeks
			Accident, Suicide, Homicide

Reported by

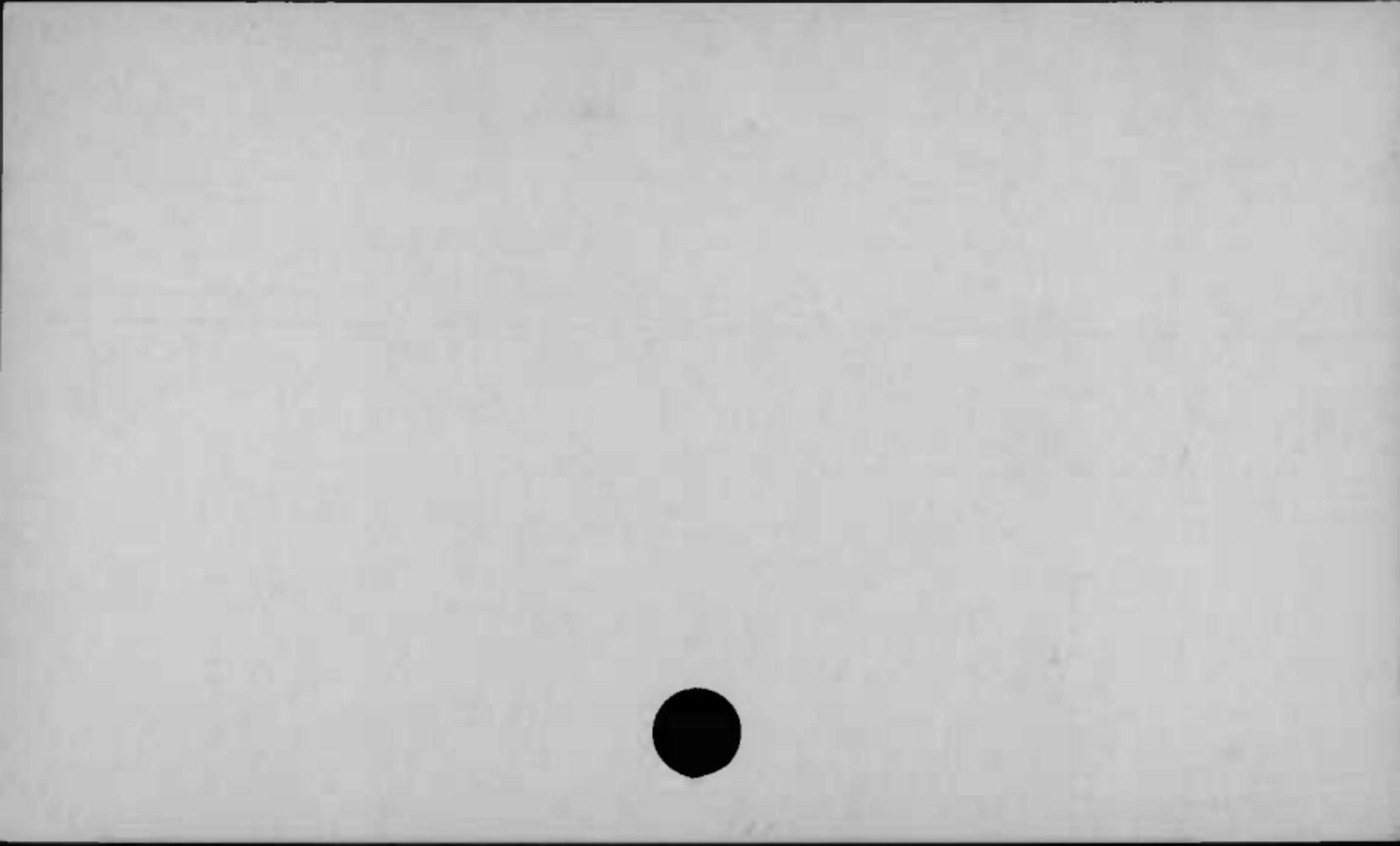
Charles

Address

93

Adamstien and -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Mary F. Speak

Town

County

Died at

Newark, Frederick

MARYLAND

Date 1902

Month Day

Dec. 4th

Y M. D.

24.10.2

Native of

Md

Occupation

House-wife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Charles Speak

Mother's

Maiden Name

Mary Hart.

Cause of

Primary

Abortion.

How long sick

Death

Immediate

Puerperal Septicemia and Septic

three weeks

Accident, Suicide, Homicide

Reported by

Frank Hedges M.D.

Address

138

Frederick Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

11



Name In Full

Certificate of Death

Marietta

Town

Rhodeyick Steiner

County

MARYLAND

Died at

Freddk

Freddk

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19 02

12

16

Age 60

3

Md

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of

Wife

Father's

Name

Mother's

Maiden Name

James O Steiner

Melton Rhodeyick May a Plock

Cause of

Primary

Aphoplexy

How long sick

4 weeks

Death

Immediate

Exhalation

Accident, Suicide, Homicide

Reported by

Dr Wm Crawford Johnson

Address

Freddk

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Molony  
Dec 18-

b. b. baby

Name  
in  
Full

Chester Norwood Stull

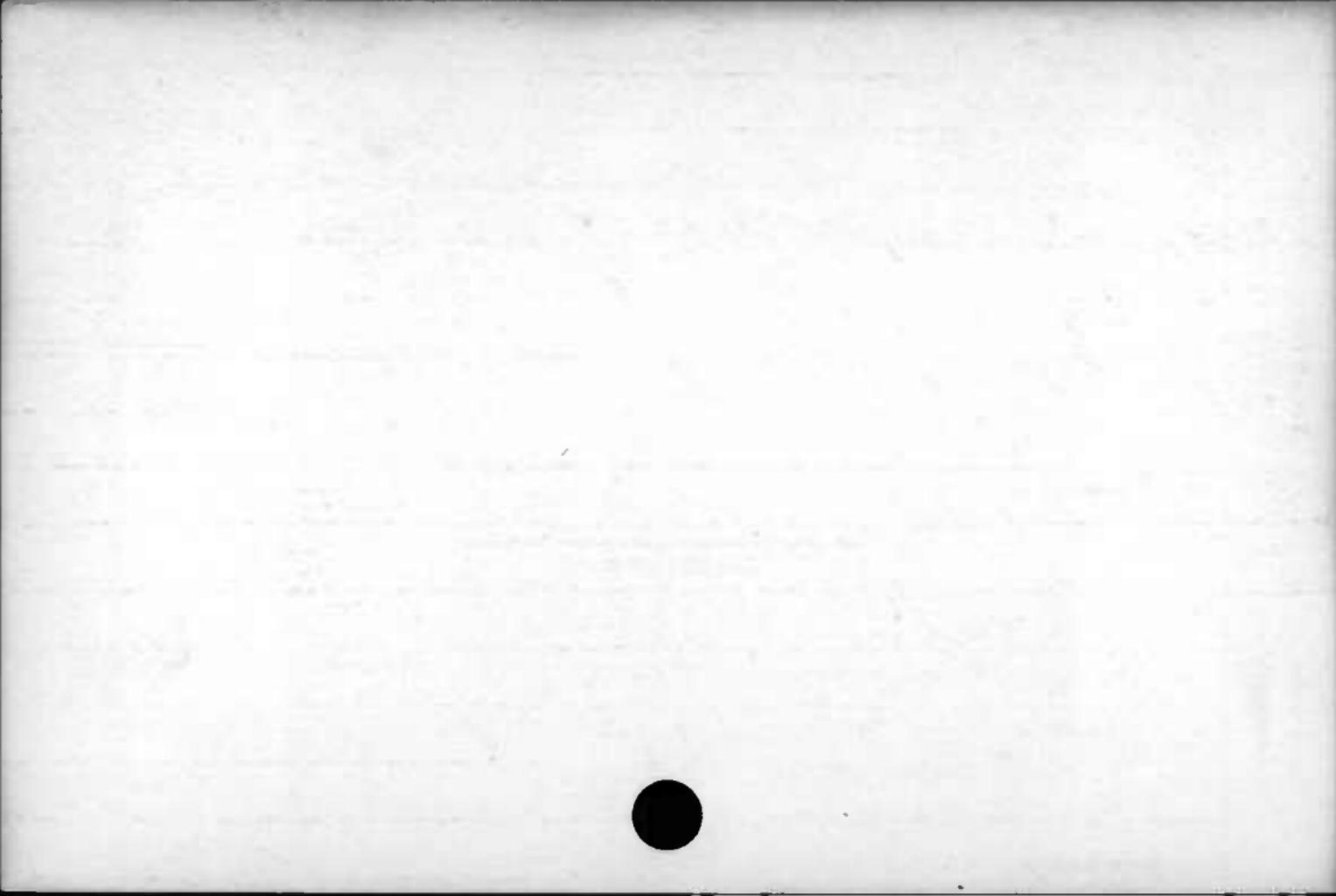
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town Frederick	County Frederick	MARYLAND		
Date of death 190	Month Dec.	Day 18	Years 5	Months 10	Days 5
Sex Male	Color or Race White	Occupation —			
Married, Single or Widowed Single					
Name of Wife or Husband					
Father's Name Owen Stull			Father's Birthplace Md.		
Mother's Maiden Name Anna Fogle			Mother's Birthplace Md.		
Name of person giving Information Lou Fogle	How related to deceased Aunt				

PHYSICIAN  
OR CORONER

CAUSES OF DEATH		
Primary Diphtheria	as	How long Seven days
Immediate Cardiac Asthma		How long Two days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician S. P. Haffner, M.D.	Address Frederick, Md.
Accident or Suicide?		



Name  
in  
Full

Philip Gourican

18 Nov 19-  
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town Died at New Market		County Henderson		MARYLAND	
Date of death 1902	Month 12	Day 19	Years Age 76	Months	Days
Sex Male	Color or Race White	Birth-place Frostico Md			
Married, Single or Widowed Single		Occupation Farmer			
Name of Wife or Husband Doris Kruer					
Father's Name Heider Thompson	Father's Birthplace Frostico Md				
Mother's Maiden Name Doris Kruer	Mother's Birthplace Frostico Md				
Name of person giving Information Jedowerry Md.	How related to deceased not relative				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

This is so,

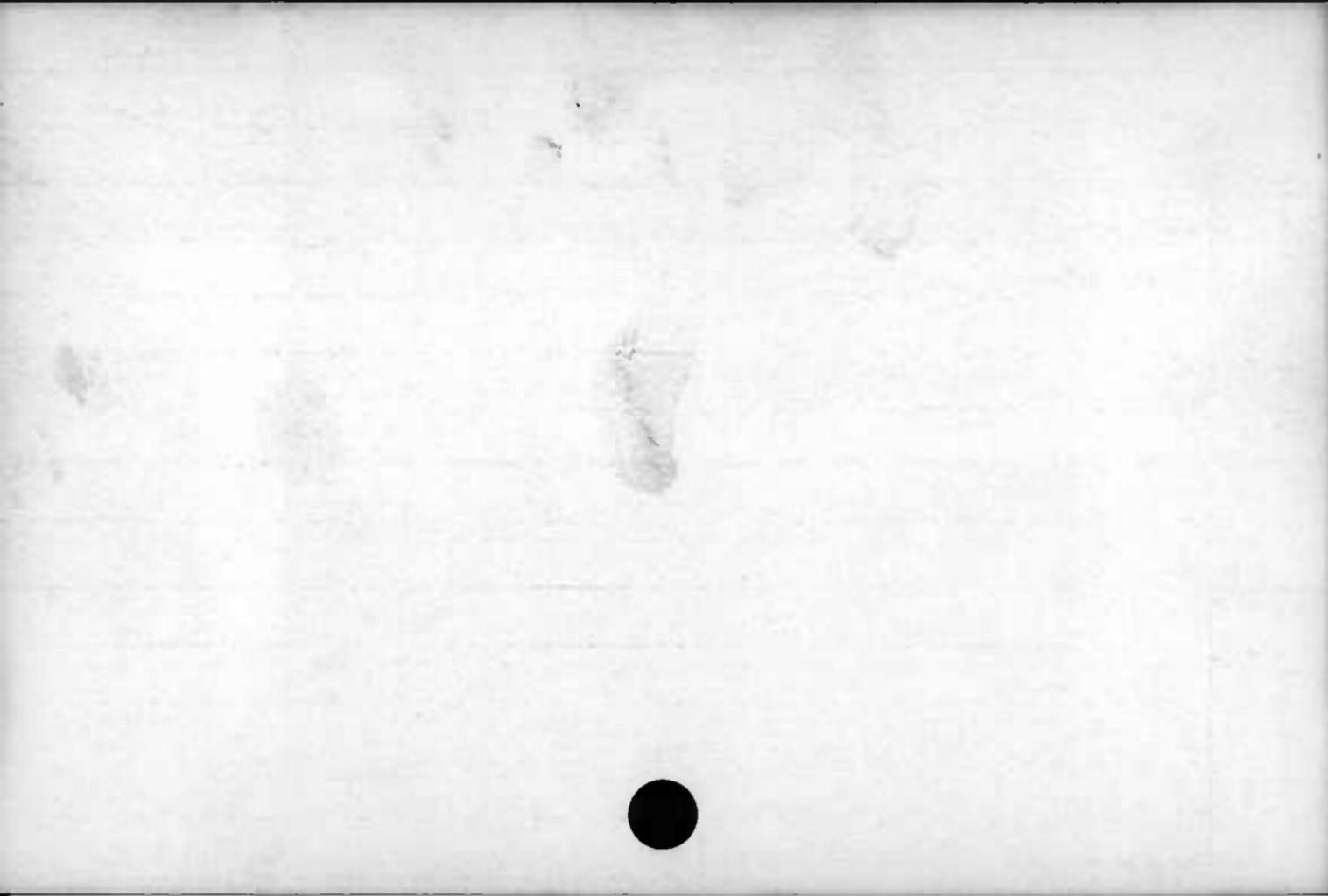
Signature of  
Physician

Geo W. Smith

Address

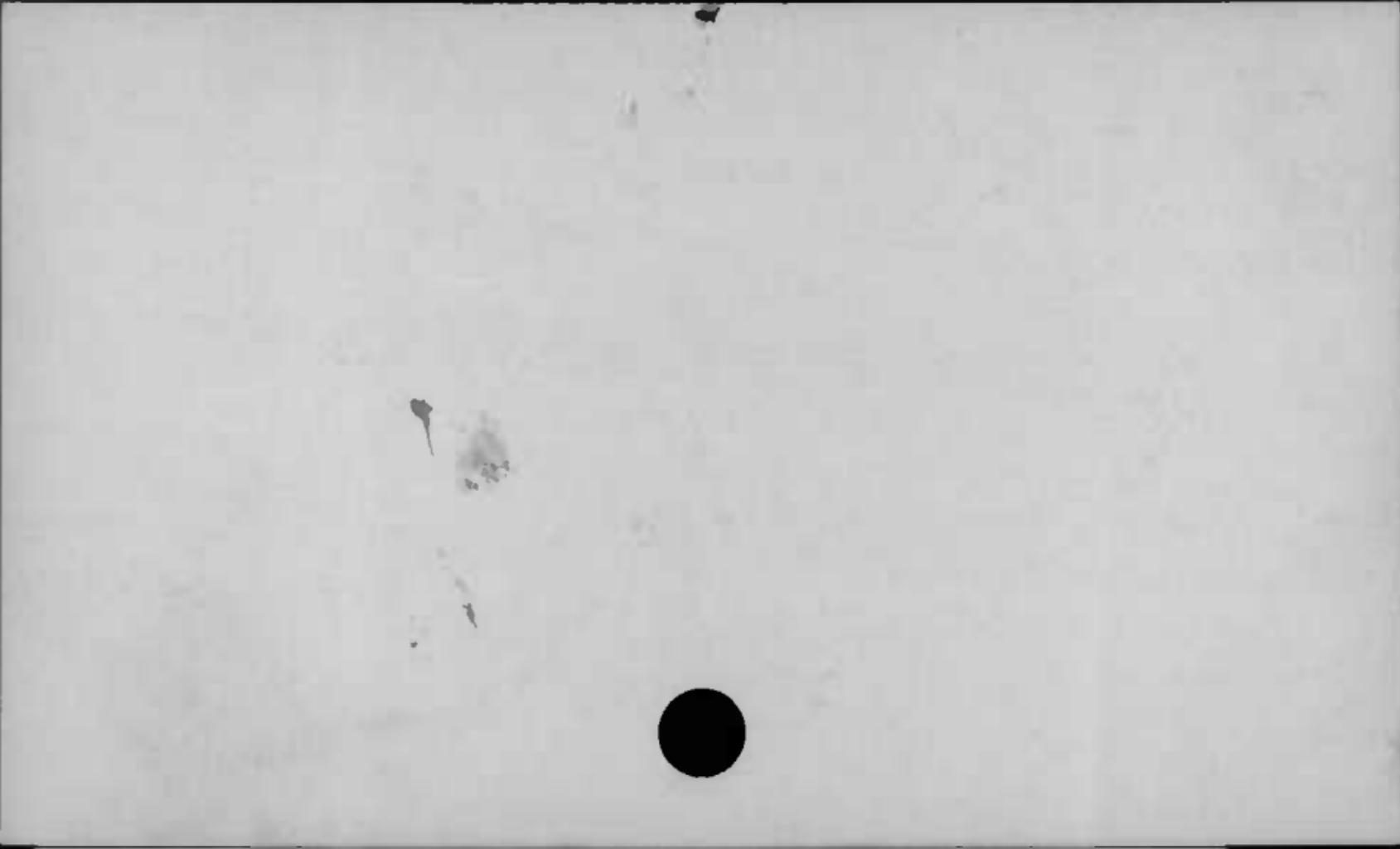
J. Coroner  
New Market Md

Accident or Disease?



Mynrtle Toms  
 Town Garfield County Frederick MARYLAND  
 Month Day Y. M. D. Native of Occupation  
 Date 1902 Dec. 22 - 2 - MD Infant  
 Male White Married Widower Divorced Number of children living  
 Female Colored Single Widower  
 Husband of  
 Wife  
 Father's Name Charles Toms Mother's Maiden Name Rhoda Lewis  
 Cause of Death Primary Whooping Cough 8 How long sick 4 weeks  
 Immediate Pneumonia Accident, Suicide, Homicide  
 Reported by A J Smith M.D.  
 Address wolfsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Susan Toddle

CERTIFICATE OF DEATH

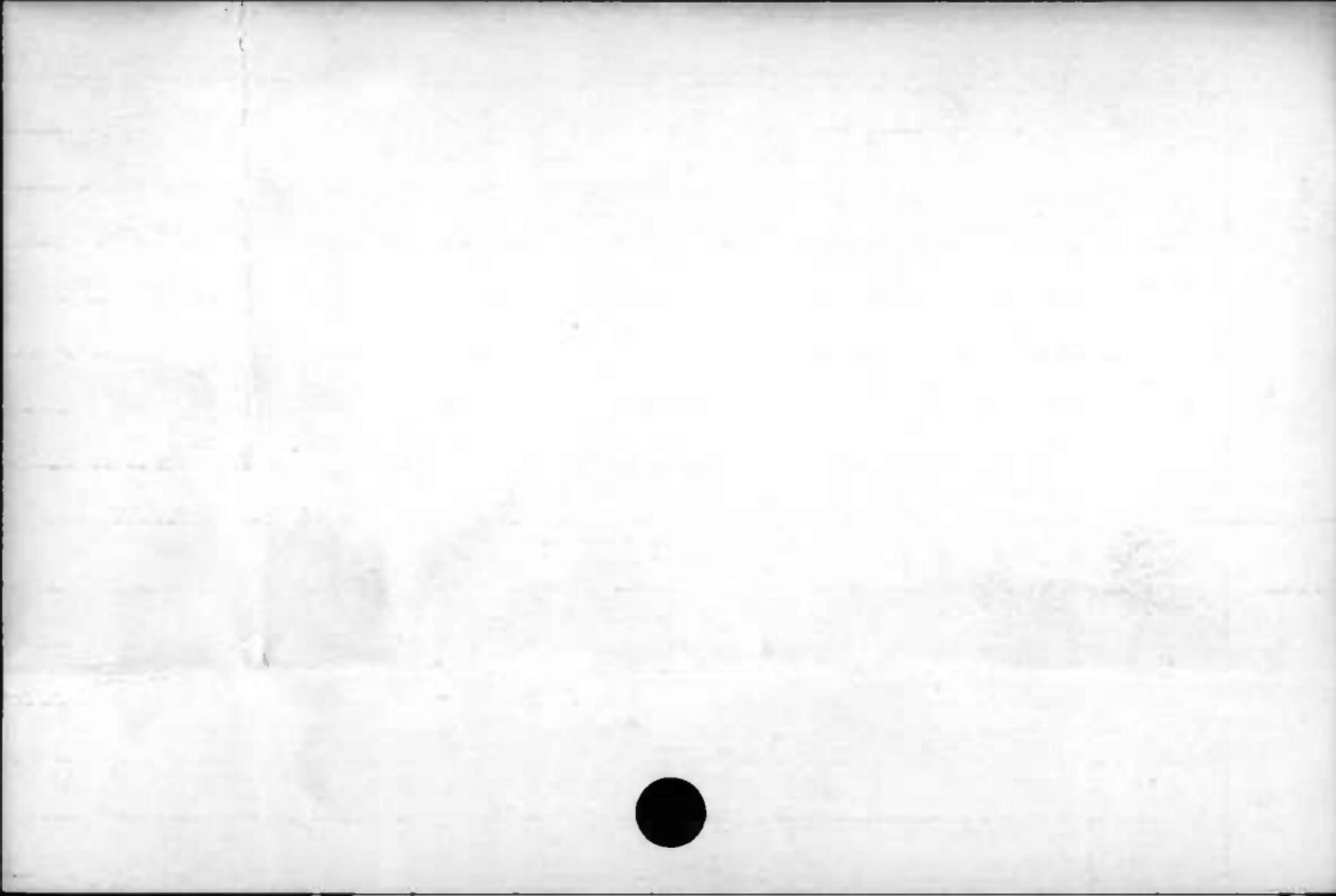
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at <u>New</u>	<u>Moravia</u>	<u>Frederick</u>	Months	Days	
Date of death 1902	Month <u>12</u>	Day <u>1</u>	Age <u>74 (about)</u>		
Sex <u>Female</u>	Color or Race <u>Black.</u>	Occupation <u>Housekeeper.</u>	Birth- place <u>Prince Geo. Co. Md.</u>		
Married, Single <input checked="" type="checkbox"/> Widowed					
Name of wife or Husband <u>Nathan Toddle.</u>					
Father's Name <u>Mahoney</u>		Father's Birthplace <u>don't know</u>			
Mother's Maiden Name <u>don't know</u>		Mother's Birthplace <u>" "</u>			
Name of person giving Information <u>George Toddle</u>		How related to deceased <u>Grandson</u>			

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary <u>Arterio-Sclerosis</u>	How long <u>don't know.</u>
Immediate <u>Hoppley</u>	How long <u>die suddenly.</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>	Signature of Physician <u>Howard H. Hopkins Jr.</u>
	Address <u>New Market, Md.</u>
Accident or Suicide? <u>No.</u>	



Name  
in  
Full

Sophia E. Tracy  
Bradwick

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	TOWN			OUNTY	MARYLAND	
Date of death 190	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	White	Birthplace	Bradwick	
Married, Single or Widowed	Single			Occupation	—	
Name of Wife or Husband				Father's Name	Edward Tracy	
Father's Name				Father's Birthplace	Md.	
Mother's Maiden Name	Giffin			Mother's Birthplace	Md.	
Name of person giving information				How related to deceased	—	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

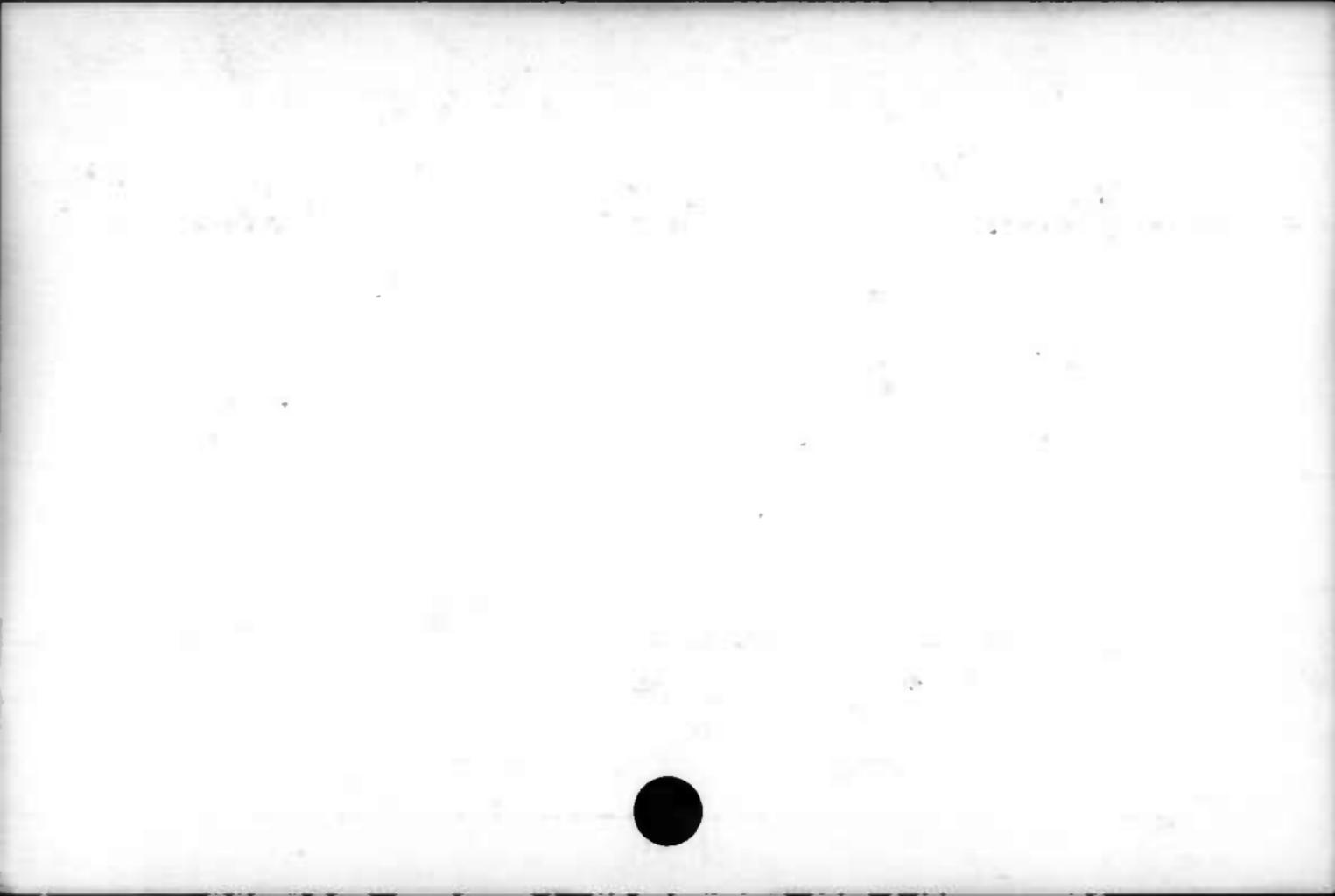
Primary Still Born How long

Immediate S. N. Haffey, How long

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician

Address

Accident or Suicide? No



Name  
in  
Full

Sax. Isaac

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Brunswick	Fredrick		Months	Days	15
Date of death 1902	Month Dec.	Day 9	Years		
Age					
Sex Female	Color or Race	Black	Birth- place	Brunswick Md	
Married, Single or Widowed		Occupation			
Name of Wife or Husband		95			
Father's Name	Chr A. Wade		Father's Birthplace	Vt.	
Mother's Maiden Name	Peggy L. Brandon		Mother's Birthplace	Vt	
Name of person giving Information	Chr N. Rose		How related to deceased	Father	

CAUSES OF DEATH

Primary	Caution of the lungs	How long	2 days
Immediate	"	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Leon West
		Address	Brunswick Md
Accident or Suicide?			

PHYSICIAN  
OR CORONER



Name  
in  
Full

Mrs John Waller

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1902	Month Dec	Day 17	Age 78	Years	Months Days
Sex Female	Color or Race white	Occupation	Birth-place	Fred. Md	
Married, Single or Widowed	Married		none		
Name of Wife or Husband	John Waller				
Father's Name	Henry Pampel		Father's Birthplace	Germany	
Mother's Maiden Name	Pampel		Mother's Birthplace	Germany	
Name of person giving information	Mrs Fred Snyder		How related to deceased	Daughter	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Paralysis

How long

6 mos.

Immediate

Chastisement

How long

7

Are the name, age, sex, color, date and place correctly given above?

Yes

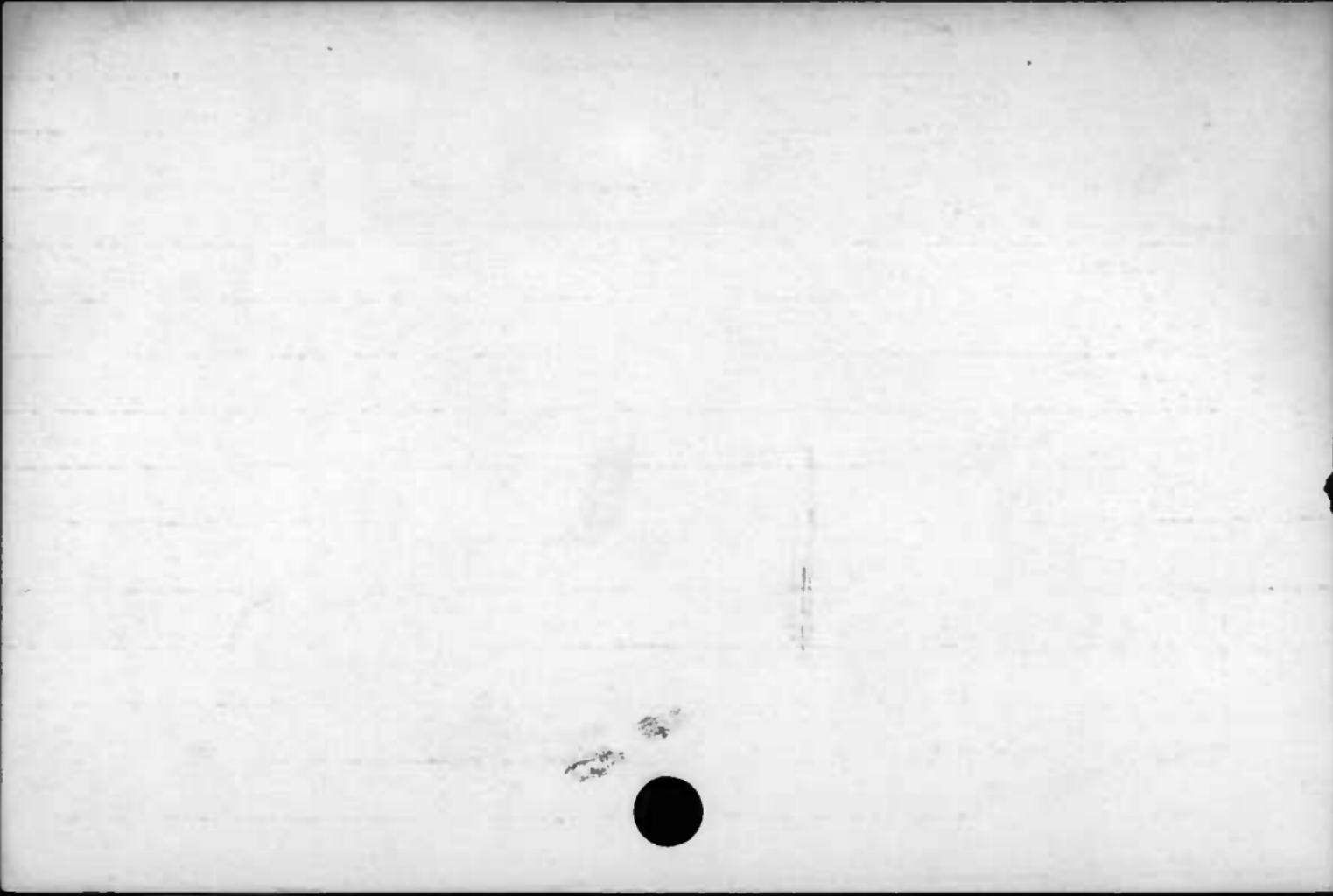
Signature of Physician

S. S. Maynard

Address

17 Second St. W.

Accepted -



John C. Waters

Town

County

Died at

Harmony

MARYLAND

1902

Month

Day

Y. M. D.

Native of

Date 1892

Dec 10

Age 41-9-24

Md

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

8

Husband of

Wife

Emma Haller

Father's

Name

James H. Waters

Mother's

Name

Anne Waters

Cause of

Primary

Congestion of lungs

How long sick

Death

Immediate

Heart failure

5 or 6 days

Accident, Suicide, Homicide

Reported by

J. A. Lauer, M. D.  
Middletown, Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Sazniel Hauser

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1902	Month 12	Day 4	Years 20
Age	Months "	Days	
Sex Male	Color or Race Colored	Birth- place Frederick	
Married, Single or Widowed	Occupation		
Name of Wife or Husband			
Father's Name	Marshal Hauser	Father's Birthplace	Frederick
Mother's Maiden Name	Marah Maddicks	Mother's Birthplace	Frederick
Name of person giving Information	Jane Hauser	How related to deceased	Stepmother

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Paralysis	66	How long	16 years
Immediate	Yes		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. G. Burne M.D.	
		Address	55 All Saints Frederick, Md.	
Accident or Suicide?				



Name  
in  
Full

TO BE ANSWERED BY

NEAREST FRIEND

George Tobias Whiff  
Town \_\_\_\_\_ County \_\_\_\_\_

## CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death 1902	Month 17	Day 25	Age 84	Years	Months 9	Days 17
Sex Male	Color or Race White	Occupation		Birth-place Comella mound		
Married, Single or Widowed Widowed	Name of Wife or Husband Mary A.B. Maugh		Retired.			
Father's Name George Whipp.			Father's Birthplace Comella mound			
Mother's Maiden Name Mary East.			Mother's Birthplace Bustletonville			
Name of person giving information	F. W. Friday		How related to deceased Grandson			

PHYSICIAN  
COBONER

## CAUSES OF DEATH

12

Prima

# Chronic Interstitial Nephritis

How long

ong Several years

### Immediate

Immediate Memorandum

**How long**

~~one~~ Two weeks

Are the name, age, sex, color, date  
and place correctly given above?

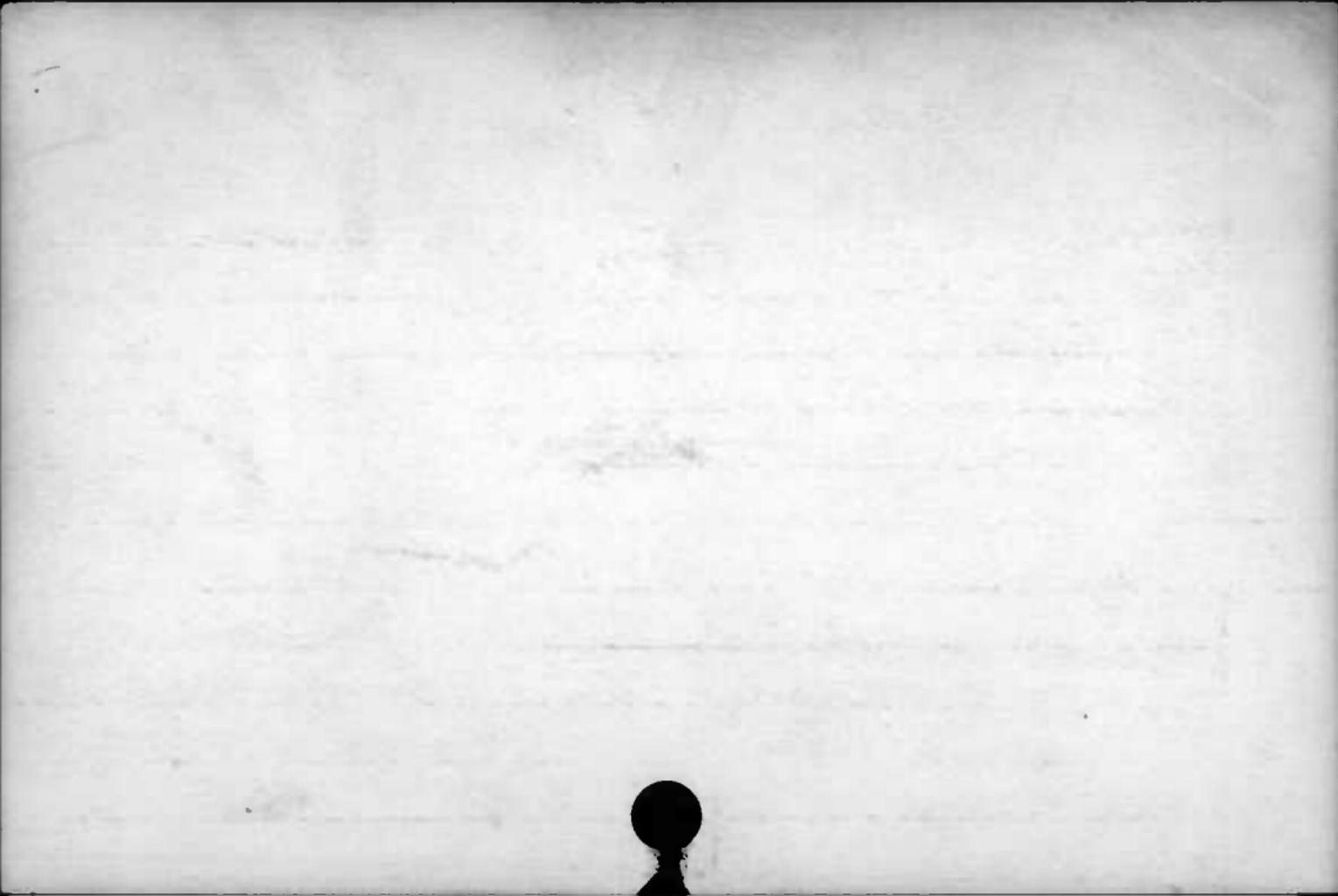
*Yes*

Signature of  
Physician

---

**Address**

## Accident or Suicide?



Name In Full

Ce tificate of Death

Rebecca Wuebener

Died at	Town	Brudenell	County	Brudenell	MARYLAND	
Date 1902	Month	12	Day	2	Y. M. D.	
				Age 64.	Native of U.S.	
<input checked="" type="checkbox"/> Male		White	Married	Widow	Occupation A wife	
<input type="checkbox"/> Female		Colored	Singler	Widower	Number of children living 3 when she died	
Husband of	David Christen Wuebener (23/02)					2 now
Wife						
Father's Name	David Markey	Mother's Maiden Name	Elizabeth Beatz			
Cause of Death	Primary	Organic Heart Disease & Arteria			How long sick	
	Immediate	Aurora	-6	Avenue		
Reported by	Franklin Buchanan					Physician M.D.
Address	Brudenell					Quebec

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mirthly: Diverse: Zimmerman  
 Town County  
 Died at Charlesville Frederick MARYLAND

Died at	Month	Day	Y. — M. D.	Native of	Occupation
Charlesville	Decem	9:	7:8:17		
<u>Male</u>	Age		Widow	Divorced	
<u>Female</u>	White	Married	Widower	Number of children living	
	Colored	Single			

Husband  
of

Wife

Father's

Name Rich. S. Zimmerman Maiden Name Zai. Green

Cause of

Primary

Mother's  
Congenital Heart Disease How long sick  
3 months

Death

Immediate

Accident, Suicide, Homicide

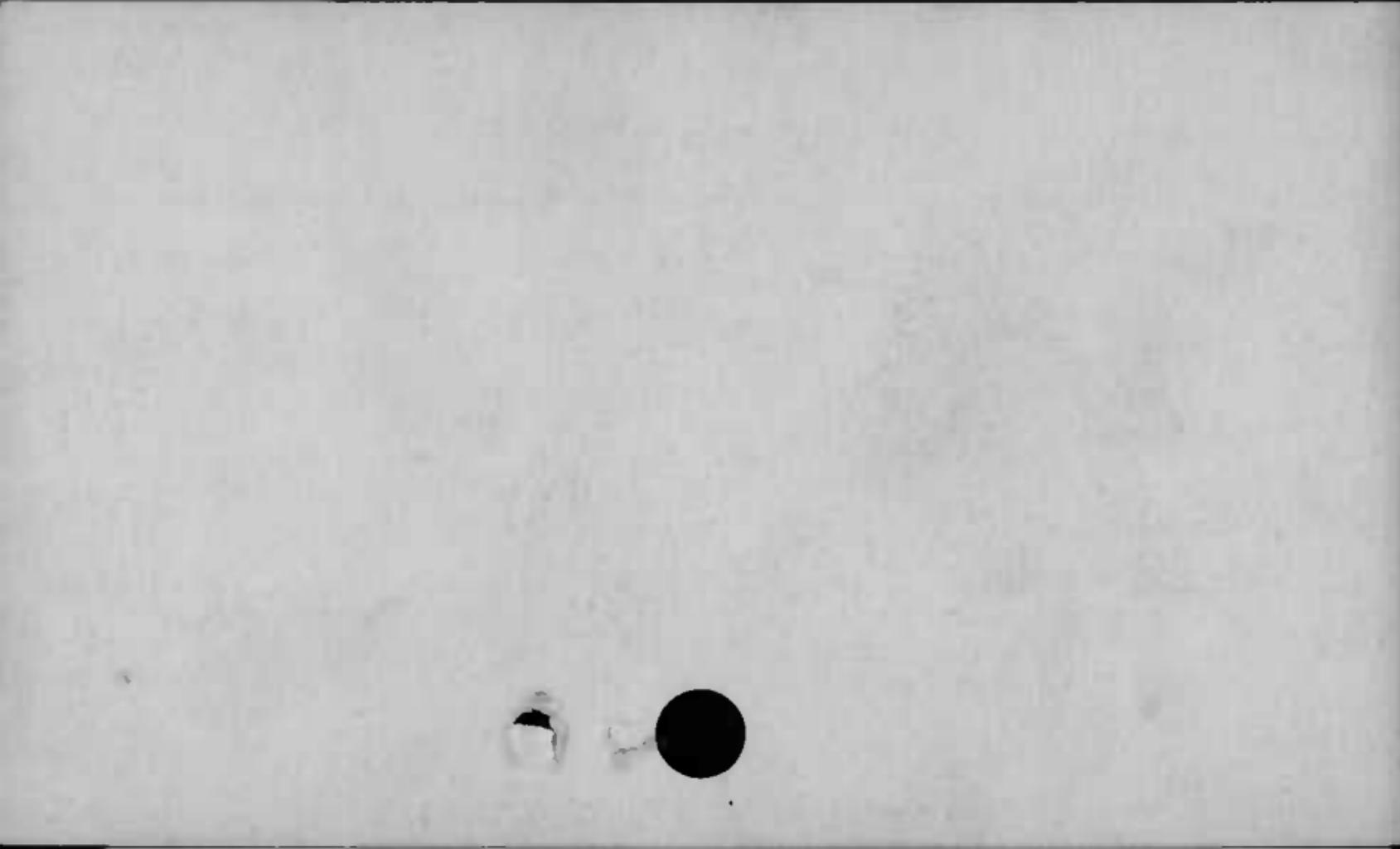
Reported by

J. J. Remsingburg M.D.

Address

Charlesville, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month 3 Dec	Day 16	Age 72	Years 4	Months Days 4
Sex	Color or Race	Occupation	Birth- place	Germany	
Married, Single or Widowed		Labored			
Name of Husband	wife Barbara Jurgable				
Father's Name	Jacob Jurgable				
Mother's Maiden Name	Mary Farkheller				
Name of person giving Information	Barbara Jurgable				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pneumonia

How long

8 days

Immediate

Q3

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Robert L. Anson  
Committeburg Md.Is there any  
mention of Suicide?

